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State/Territory Name: MARYLAND

State Plan Amendment (SPA) #: 20-0013

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- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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MD - Submission Package - MD2020MS00030 - (MD-20-0013) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	MD2020MS00030	Submission Type	Official
Program Name	N/A	State	MD
SPA ID	MD-20-0013	Region	Philadelphia, PA
Version Number	6	Package Status	Approved
Submitted By	Katia Fortune	Submission Date	12/21/2020
Package Disposition		Approval Date	5/21/2021 1:18 PM EDT
Priority Code	P2		

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



Center for Medicaid & CHIP Services

May 21, 2021

Tricia Roddy
Acting Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-20-0013

Dear Tricia Roddy,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Maryland's State Plan Amendment (SPA) 20-0013, Family Planning Presumptive Eligibility (PE). On December 21, 2020, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-20-0013 to develop and implement a PE program for family planning services. The amendment was determined acceptable with an effective date of January 1, 2021.

Accompanying the approval of SPA 20-0013 is the enclosed companion letter regarding the need for Maryland to make modifications to its PE Application (online portal) and provider training materials. Maryland has indicated that the agreed-upon changes to the PE portal and provider training materials will be completed by January 31, 2022.

The state will provide in writing dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised PE online application, provider training materials, addressing CMS concerns by the dates listed in the companion letter.

We approve Maryland State Plan Amendment (SPA) MD-20-0013 with an effective date(s) of January 01, 2021.

Name	Date Created	
MD SPA 20-0013 Companion Letter 5-21-21	5/21/2021 7:27 AM EDT	

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

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID	MD2020MS00030	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Maryland	Medicaid Agency Name:	Maryland Department of Health, Office of Health Care Financing
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Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID MD2020MS0003O	SPA ID MD-20-0013
Submission Type Official	Initial Submission Date 12/21/2020
Approval Date 5/21/2021	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID MD-20-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2021	New
Individuals Eligible for Family Planning Services - Presumptive Eligibility	1/1/2021	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment is to create a Family Planning Presumptive Eligibility (FPE) Program to enroll participants in a temporary eligibility group to receive family planning services. Participants enroll at Family Planning Qualified Entities (FPEQEs), which are Maryland Family Planning Program Delegate Service Sites enrolled in Medicaid that are in good standing. The goal of FPE is to provide a pathway to longer-term Family Planning Program coverage by allowing participants to have timely access to family planning health care services through an on-site, temporary eligibility determination.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$970000
Second	2022	\$1300000

Federal Statute / Regulation Citation

42 CFR 435.1103(c)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
FPE SPA Cover Letter FINAL_signed	12/18/2020 3:49 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID MD2020MS0003O
Submission Type Official
Approval Date 5/21/2021
Superseded SPA ID N/A

SPA ID MD-20-0013
Initial Submission Date 12/21/2020
Effective Date N/A

Governor's Office Review

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

Describe Dennis Schrader
Medicaid Director
Maryland Department of Health

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID MD2020MS00030	SPA ID MD-20-0013
Submission Type Official	Initial Submission Date 12/21/2020
Approval Date 5/21/2021	Effective Date N/A
Superseded SPA ID N/A	

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

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

Indicate how public comment was solicited:

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

Upload copies of public notices and other documents used

Name	Date Created	
Printed Public Notice FPE	11/20/2020 3:20 PM EST	

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

Name	Date Created	
No items available		

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

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID MD2020MS00030	SPA ID MD-20-0013
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Approval Date 5/21/2021	Effective Date N/A
Superseded SPA ID N/A	

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

Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

Yes
 No

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

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

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

All Indian Health Programs
 All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
11/23/2020	Email

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

All Indian Tribes

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

Name	Date Created	
UIO Approval - MD 20-0013 Family Planning Presumptive Eligibility (FPE) Program	12/17/2020 5:53 PM EST	

Indicate the key issues raised (optional)

Access
 Quality
 Cost
 Payment methodology
 Eligibility

- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID	MD2020MS00030	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

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

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New User-Entered		

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

Yes

No

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

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	User-Entered		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
Family Planning Presumptive Eligibility screens - 03-12-2021	3/17/2021 4:27 PM EDT	

5. Describe the presumptive eligibility screening process:

Enrolled FPE workers will need to:

1. Check EVS to make sure the applicant is not already enrolled with Medicaid or the Medicaid Family Planning Program;
2. Complete an FPE application on behalf of the applicant using the Maryland Health Connection PE Portal consistent with the Department's policies, regulations, and training materials
3. Provide the applicant with a printed copy of the FPE denial or approval letter generated by the Maryland Health Connection PE Portal.
4. Provide the applicant with the following information:
 - a. If the applicant is approved, inform the applicant that a full Medical Assistance application must be completed by the last day of the month following the month in which the FPEQE makes the FPE determination in order to assess the applicant's eligibility for continued eligibility for Family Planning Program.
 - b. Discuss with the applicant how to apply for comprehensive Medical Assistance Program benefits and/or continued eligibility for the Family Planning Program using the information on the Approval or Denial Letters.

*There are some instances where remote applications are acceptable. If an applicant is at the clinic and the clinic Worker is at another branch (ex. a different Planned Parenthood), the FPE Worker may engage with the applicant by phone or video connection to complete the application remotely. If the potential applicant is at home, the FPE Worker can call the applicant before their scheduled appointment to complete a FPE application. The FPEQE must have a way to provide the applicant with a copy of their eligibility determination letter.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.214.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

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D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Family Planning Qualified Entities (FPEQEs)	Family Planning Qualified Entities (FPEQEs), are Maryland Family Planning Program Delegate Service Sites enrolled in Medicaid that are in good standing.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
FPE Manual April 2021.final (1)	4/30/2021 10:32 AM EDT	
FPE Training April 2021.final (1)	4/30/2021 10:32 AM EDT	

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

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Superseded SPA ID	New		
	User-Entered		

E. Additional Information (optional)

FPE: PERFORMANCE STANDARDS AND SANCTIONS

A. What are the performance standards?

The Department will monitor performance over time and will reach out to FPEQEs if issues arise. For example, the Department would reach out if very few people are being enrolled in full Medicaid or the majority of applicants that complete a full MA application are found ineligible for benefits on an ongoing basis.

B. What are the sanctions for failure to meet performance standards?

As the program progresses and the Department refines its standards and criteria, the Department will propose any enforcement of performance standards with a Plan of

1. How often one can be eligible for FPE coverage;

13

Correction (POC). The POC is meant to create a dialogue between the FPEQE and the Department in order to better uphold FPE policies and procedures.

If the FPEQE does not meet the prescribed standards within one calendar quarter, the Department will establish a written POC that describes:

1. Targets and timelines for improvements;
2. Steps to be taken in order to comply with the performance standards;
3. How additional staff training would be conducted, if needed;
4. The estimated time it would take to achieve the expected performance standards, which would be no greater than three months; and
5. How outcomes would be measured.

The Department may impose additional correction periods, as appropriate. If the FPEQE, or individual FPE Worker, does not meet targets after a sufficient period for improvement, as determined in POC discussions between the Department and the FPEQE, the Department may disqualify a FPEQE from participation as a FPE determination site.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/15/2021 3:28 PM EDT