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State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **22-0024**

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

November 3, 2022

Mr. Steven Schuh
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0024

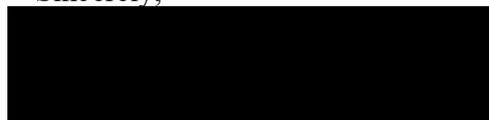
Dear Mr. Schuh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0024. This amendment removes the reference to “psychiatric hospitals” on the inpatient hospital coverage state plan page. This change comes at the recommendation of the companion letter associated with SPA MD 22-0002.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.10. This letter is to inform you that Maryland Medicaid SPA 22-0024 was approved on November 2, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Alison Donley, Medicaid Provider Services Administration
Tyler Colomb, Medicaid Provider Services Administration
Nina McHugh, Medicaid Provider Services Administration

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 4

2. STATE

MD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

~~CFR 440.10~~ 42 CFR 440.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1A page 10 (22-0023)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1A page 10 (22-0002)

9. SUBJECT OF AMENDMENT

This proposal updates State Plan language following guidance from the companion letter associated with SPA MD-22-0002.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

AGENCY OFFICIAL

12. TYPED NAME
Tricia Roddy

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
9/28/22

15. RETURN TO

Steven Schuh
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED
09/30/2022

17. DATE APPROVED
11/02/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2022

19. SIGN

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

10-7-22 State request pen & ink change to update reference in box 5 to "42 CFR 440.10"

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

STATE OF MARYLAND

Description of Services: INPATIENT SERVICES

Medically necessary services that require admission in an acute or chronic hospital.

Provider Types:

“Hospital” refers to Maryland Licensed institutions that meet the standards of 42 CFR §440.10.

Limitations:

Reimbursement will not be made for any services identified by the Department as not medically necessary or not covered.

Authorization by the Department or its designee is required for all non-emergent admissions except deliveries. If a vaginal delivery exceeds 2 days or a cesarean section delivery exceeds 4 days, authorization is required for subsequent inpatient days through the date of discharge.

Concurrent review is also required for all hospital stays for Medicaid participants.