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**State/Territory Name:**                      **Maryland**

**State Plan Amendment (SPA) #:**      **23-0005**

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

# MD - Submission Package - MD2023MS00030 - (MD-23-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

June 23, 2023

Tricia Roddy  
Acting Medicaid Director  
Maryland Department of Health  
201 West Preston Street 5th Floor  
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-23-0005

Dear Tricia Roddy,

On March 29, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-23-0005, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Maryland State Plan Amendment (SPA) MD-23-0005 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Talbatha Myatt at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov)

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

# MD - Submission Package - MD2023MS0003O - (MD-23-0005) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0003O | MD-23-0005

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	MD2023MS0003O	<b>SPA ID</b>	MD-23-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2023
<b>Approval Date</b>	06/23/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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### State Information

[Collapse](#)

**State/Territory Name:** Maryland

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

### Submission Component

[Collapse](#)

- State Plan Amendment
- Medicaid
- CHIP

### Submission Type

[Collapse](#)

- Official Submission Package
- Draft Submission Package

**Allow this official package to be viewable by other states?**

- Yes
- No

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

### Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Colomb, Tyler	Medicaid Provider Services Administration	(443)765-9379	tyler.colomb@maryland.gov	Medicaid

### SPA ID and Effective Date

[Collapse](#)

**SPA ID** MD-23-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	MD-18-0005
Former Foster Care Children	1/1/2023	MD-17-0003

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

## Executive Summary

[Collapse](#)

**Summary Description Including Goals and Objectives** SPA MD-23-0005 reflects Maryland's coverage of youth formerly in foster care, consistent with Section 1002(a) of the SUPPORT Act.

## Dependency Description

[Collapse](#)

**Description of any dependencies between this submission package and any other submission package undergoing review**

## Disaster-Related Submission

[Collapse](#)

This submission is related to a disaster

- Yes  
 No

## Federal Budget Impact and Statute/Regulation Citation

[Collapse](#)

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

**Federal Statute / Regulation Citation**

The SUPPORT Act updated sec. 1902(a)(10)(A)(IX)(cc) and (dd)

**Supporting documentation of budget impact is uploaded (optional).**

Name	Date Created
No items available	

## Governor's Office Review

[Collapse](#)

- No comment  
 Comments received  
 No response within 45 days  
 Other

## Authorized Submitter

[Collapse](#)

The following information will be provided by the system once the package is submitted to CMS.

**Name of Authorized Submitter** Tyler Colomb

**Phone number**

**Email address** tyler.colomb@maryland.gov

**Authorized Submitter's Signature** Tyler Colomb

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

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.

# MD - Submission Package - MD2023MS0003O - (MD-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0003O | MD-23-0005

[↓ Spell Check Instructions](#) | [? Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

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<b>Superseded SPA ID</b>	MD-18-0005		
	User-Entered		

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### Mandatory Coverage

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

#### Families and Adults

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




#### Aged, Blind and Disabled

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

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

Yes  No

**Families and Adults**

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

**C. Additional Information (optional)**

## Eligibility Groups Deselected from Coverage

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

- N/A

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.

# MD - Submission Package - MD2023MS0003O - (MD-23-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0003O | MD-23-0005

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

[📄 Spell Check Instructions](#) | [🔗 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	MD2023MS0003O	<b>SPA ID</b>	MD-23-0005
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<b>Superseded SPA ID</b>	MD-17-0003		
	User-Entered		

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The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

### B. Individuals Covered

[Collapse](#)

For individuals who turn 18 before January 1, 2023:

#### 1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.



- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

## C. Individuals Covered

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**For individuals who turn 18 on or after January 1, 2023:**

### 1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

### 2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

## D. Additional Information (optional)

[Collapse](#)

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