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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 23-0016

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 - MD2023MS0006O - (MD-23-0016) - Eligibility

Summary

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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

November 14, 2023

Ryan Moran, DrPH, MHSA Medicaid Director Maryland Department of Health, Office of Health Care Financing 201 West Preston Street Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-23-0016

Dear Ryan Moran, DrPH, MHSA,

On August 25, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-23-0016 to comply with federal requirements under section 5512 of the Consolidated Appropriations Act, 2023 (CAA 2023) to provide 12 months of continuous eligibility for children in Medicaid and the Children's Health Insurance Program (CHIP) on or before January 1, 2024.

We approve Maryland State Plan Amendment (SPA) MD-23-0016 with an effective date(s) of September 01, 2023.

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

MD - Submission Package - MD2023MS0006O - (MD-23-0016) - Eligibility

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Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0006O | MD-23-0016

CMS-10434 OMB 0938-1188

Package Header

Package ID MD2023MS0006O Submission Type Official **Approval Date** 11/14/2023

SPA ID MD-23-0016

Initial Submission Date 8/25/2023

Effective Date N/A

State Information

State/Territory Name: Maryland

Superseded SPA ID N/A

Medicaid Agency Name: Maryland Department of Health, Office

of Health Care Financing

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0006O | MD-23-0016

Package Header

Package ID MD2023MS0006O

Submission Type Official

Approval Date 11/14/2023

Superseded SPA ID N/A

SPA ID MD-23-0016

Initial Submission Date 8/25/2023

Effective Date N/A

SPA ID and Effective Date

SPA ID MD-23-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	9/1/2023	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0006O | MD-23-0016

Package Header

Package ID MD2023MS0006O

Initial Submission Date 8/25/2023

Submission Type Official

Superseded SPA ID N/A

SPA ID MD-23-0016

Approval Date 11/14/2023

Effective Date N/A

Executive Summary

Summary Description Including The Maryland Department of Health (the Department) is submitting this SPA to comply with federal requirements under Goals and Objectives section 5512 of the Consolidated Appropriations Act, 2023 (CAA 2023) to provide 12 months of continuous eligibility for children in Medicaid and the Children's Health Insurance Program (CHIP) on or before January 1, 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$358333
Second	2024	\$1791667

Federal Statute / Regulation Citation

Section 1902(e)(12) and 42 CFR § 435.926, and Section 2107(e)(1) and 42 CFR § 457.342*.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No iter	ms available

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS0006O | MD-23-0016

Package Header

Package ID MD2023MS0006O

Submission Type Official

Approval Date 11/14/2023

Superseded SPA ID N/A

SPA ID MD-23-0016

Initial Submission Date 8/25/2023

Effective Date N/A

Governor's Office Review

No comment

Comments received

No response within 45 days

Other

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.

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MD - Submission Package - MD2023MS0006O - (MD-23-0016) - Eligibility

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Related Actions

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | MD2023MS00060 | MD-23-0016

CMS-10434 OMB 0938-1188

Package Header

Package ID MD2023MS0006O

SPA ID MD-23-0016

Submission Type Official

Initial Submission Date 8/25/2023

Approval Date 11/14/2023

Effective Date 9/1/2023

Superseded SPA ID NEW

User-Entered

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

	The state provides continuous engionity to children.	
	• Yes	
	○ No	
1. Continuous eligibility is provided to all children of the following age:		
	a. Under age 19	
	b. Under other age	

- 2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
 - a. The month that the child's age exceeds the age limit to which this provision applies
 - b. The end of the continuous eligibility period, which is:
 - i. 12 months
 - ii. Another period of continuous eligibility, not to exceed 12 months
- 3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies;
 - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
 - c. The child ceases to be a resident of the state;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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.

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