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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 24-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

April 7, 2025

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) 24-0017

Dear Mr. Moran:

Enclosed please find a corrected approval package for your Maryland State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0017. This SPA, proposes to implement Express Lane Eligibility (ELE) to streamline and expedite renewal of eligible individuals in the Maryland Medicaid Assistance Program and Maryland Children's Health Program (MCHP), was originally approved on March 14, 2025. The approval package sent to Maryland included the following errors:

- The approved SPA has a typo in the footers of the 11e and f approved SPA pages. SPA pages 11e and f are not currently in the state plan and should not have a superseding SPA ID of 10-09. SPA pages 11e-11f should be identified as NEW in the SPA page footers.
- The CMS 179 has been updated to reflect the pages that are new were removed from Box 8 as obsolete pages.

The enclosed corrected package contains the original signed letter, the corrected CMS-179, and the corrected SPA pages.

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

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

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

March 18, 2025

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) 24-0017

Dear Mr. Moran:

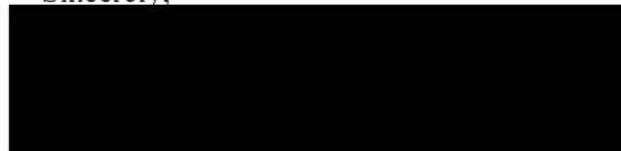
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0017. This amendment proposes to implement Express Lane Eligibility (ELE) to streamline and expedite renewal of eligible individuals in the Maryland Medicaid Assistance Program and Maryland Children's Health Program (MCHP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Maryland's Medicaid SPA 24-0017 was approved on March 14, 2025, effective July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Maryland State Plan.

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

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 7</u>	2. STATE <u>MD</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 2 Pg. 11b-11f (24-0017)
Section 2 Pg. 11b-11d (10-09)
Section 2 Pg. 11e-11f (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 2 Pg. 11b-11f (10-09)
Section 2 Pg. 11b-11d (10-09)
Section 2 Pg. 11e-11f (NEW)

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to implement Express Lane Eligibility (ELE) to streamline and expedite renewal of eligible individuals in the Maryland Medicaid Assistance Program and Maryland Children's Health Program (MCHP).

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:

[Redacted]
Tricia Roddy
13. TITLE
Deputy Medicaid Director
14. DATE SUBMITTED
12-18-2024

15. RETURN TO
Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED
12-18-2024

17. DATE APPROVED
03-14-2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07-01-2025

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS
4-1-25-the state requested pen and change to update box 7 and 9 to reflect correct SPA pages.

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of
the Act

- (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.
- (1) The Express Lane option is applied to:
 Initial determinations Redeterminations
 Both
- (2) A child is defined as younger than age:
 19 20 21
- (3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The Express Lane Agency at redetermination will be the Maryland Department of Human Services (DHS). DHS is the administrator of the Supplemental Nutrition Assistance Program (SNAP) in the state of Maryland.

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

At redetermination, the Maryland Medical Assistance Program will renew Medicaid eligibility for children under age 21 who are receiving SNAP benefits, despite differences in household composition and income-counting rules. The State will renew Medicaid eligibility for SNAP participants under age 21 whose gross income as determined by SNAP is under the applicable modified adjusted gross income (MAGI)-based income standard for Medicaid eligibility without conducting a separate MAGI-based income determination. The highest MAGI threshold is 200% FPL. The highest non-MAGI income standard is 300% FBR. This process will apply to the MAGI and non-MAGI population.

The Maryland Medical Assistance Program will identify children for both Medicaid and SNAP through a data match. This process will be used for renewals only. All members eligible for this process have completed an initial application and have been approved for both Medicaid and SNAP eligibility.

The following summarizes SNAP methodologies in determining eligibility based on income:

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 **Application, Determination of Eligibility and Furnishing Medicaid**
(Continued)

SNAP Budget Unit: May be one person or a group of individuals living together who purchase food and prepare meals together.

SNAP Gross Income Limit: 200% FPL for categorically eligible households and 130% for non-categorically eligible households. Medicaid will use SNAP income data for all children's groups whose income standards are at or below 200% FPL for the MAGI population and 300% FBR for the non-MAGI population.

SNAP Income Deductions:

- Income deductions are used to determine benefit level and eligibility for all SNAP households included in this process except for those with an elderly or disabled member who are required to meet the net income standard.
- For households with an elderly or disabled member, a 100% net income threshold must be met by using the following disregards:
 - Standard deduction determined according to household size in accordance with 7 CFR 273.9(d)(1).
 - Excess medical deduction for non-reimbursable medical expenses in excess of \$35 a month.

SNAP Income Exclusions:

SNAP Income Exclusions are items that are deducted from the household's gross income to determine eligibility and benefit level after gross income has been calculated. The following are deducted from a household's gross income:

- Standard deduction as described above;
- Earned income deduction equal to 20% of gross monthly earned income and 50% for self-employment income;
- Excess medical deduction;
- Dependent care deduction for children under 18 and people with disabilities of any age;
- Child support deduction for legally obligated child support payments to a non-household member;
- Excess shelter deduction;
- Standard utility allowances;
- Infrequent and irregular incomes not in excess of \$30 per recipient per quarter;

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- Educational assistance, including but not limited to: grants, scholarships, fellowships, education loans on which payment is deferred, work-study, veterans' educational benefits;
- Other loans including loans from private individuals and commercial institutions;

Excluded Income:

Excluded Income is non-countable income. The following are excluded from income counting for all households and are not included when calculated gross income:

- Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member;
- Earned income of elementary or high school students who are members of the household and are 17 years old or younger;
- Non-recurring lump-sum payments;
- Reimbursements for past or future expenses that do not exceed actual incurred expenses and do not represent a gain or benefit to the household;
- Income in-kind;
- Vendor payments (money or an in-kind payment not owed to the household and paid directly to someone outside the household for a household expense);
- Child support payments received by TCA recipients;
- Income excluded by federal statute;
- Cash donations or contributions based on need from private organizations;
- Earned income tax credit payments;
- Income withheld from an assistance payment, earned income, or other source that is voluntarily or involuntarily returned to the source to repay a prior overpayment received from that income source;
- Reverse mortgages;
- Housing and Urban Development (HUD) utility reimbursements or allowances;
- Interest earned on bank accounts;
- Cost of producing self-employment income;
- Guaranteed Basic Income (GBI).

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 **Application, Determination of Eligibility and Furnishing Medicaid**
(Continued)

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

(a) Screening threshold established by the Medicaid agency as:
 (i) ___ percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____; or

(ii) ___ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency: _____); or

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.