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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 25-0001

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

May 19, 2025

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

Re: Maryland State Plan Amendment (SPA) 25-0001

Dear Medicaid Director Moran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment proposes to waive the Four Walls requirement for outpatient mental health clinics.

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 TN 25-0001 was approved on May 19, 2025, effective January 3, 2025.

Enclosed are copies of the Form CMS-179 and the 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,

Shantrina Roberts, Acting Director Division of Program Operations

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	CIMD 140, 030#0130
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 5 0 0 0 1 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 January 3, 2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2026 \$ 0
42 CFR 447.201 1905(a)(9) of the Act and 42CFR 440.90	a FFY 2026 \$ 0 b. FFY 2026 \$ 0
NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A pg. 22-22-7 (25-0001)	8. PAGENUMBER OF THE SUPERSEDEDPLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A pg. 22 (17-0009) Attachment 3.1A pg. 22-A (17-0009) Attachment 3.1A pg. 22-B (12-02) Attachment 3.1A pg. 22-C (14-012) Attachment 3.1A pg. 22-C1 (14-012) Attachment 3.1A pg. 22-C2 (14-012) Attachment 3.1A pg. 22-E (13-04)
9. SUBJECT OF AMENDMENT Maryland is amending the State Plan to waive the Four Walls requirement for outpati 10. GOVERNOR'S REVIEW (Check One) OGOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	ent mental health clinics. OTHER, AS SPECIFIED:
14 CLONATURE OF STATE A SENSY SEEICIAL 15	. RETURN TO
Ry M	/an Moran edicaid Director
Tricia Roddy	aryland Department of Health D1 W. Preston St., 5th Floor
10 TITLE	altimore, MD 21201
14. DATE SUBMITTED 2/19/2025	
FOR CMS US	
02/19/2025	DATE APPROVED 05/19/2025
PLAN APPROVED - ONE	SIGNATURE OF APPROVING OFFICIAL
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/03/2025	SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL 21	. TITLE OF APPROVING OFFICIAL
Shantrina Robeits	Acting Director, Division of Program Operations
22. REMARKS	
5-7-25 State authorized pen and ink change to update box 5 to reflect reg superseded SPA pages.	ulation citation, box 7 to add missing SPA pages and box 8 to add

Attachment 3.1-A

State	Plan	under	Title	XIX	of the	Social	Security	Act
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State/Territory: Maryland

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Limitations apply to all services within the benefit category.

The following services are not covered:

Any services identified by the Department as not medically necessary or not covered:

Investigational and experimental drugs and procedures;

Immunizations required for travel outside the Continental U.S.;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0001		Approval D	ate: May 1	9, 2025
Supe	rsedes TN:	17-0009	Effective:	lanuary 3, 20)25

[Enter Supple	ement or Addendum if applicable]	Attachment 3.1-A
		22-1
	State Plan under Title XIX of the Social	Security Act
	State/Territory: Maryland	
	Section 1905(a)(9) Clinic Servi	ces
	 Visits solely for group or individual health educations Services not approved by a licensed physician or the healing arts, within the scope of his or her practices Services beyond the provider's scope or practice. 	other licensed practitioner of ctice under State law; and
Types of	f Clinics and Services:	
[Select a	all that apply and describe below as applicable]	
√	Behavioral Health Clinics [Describe the types of I clinics below and select below if applicable.]:	behavioral health
	Outpatient Mental Health Centers - a clinic the mental health services	at provides specialty
	Limitations apply only to this clinic type within [Describe below and indicate if limits may upon state determined medical necessity	y be exceeded based
	IHS and Tribal Clinics [Select below if applicable	e.]:
	Limitations apply only to this clinic type within [describe below and indicate if limits may state determined medical necessity criterians.]	y be exceeded based upon
Centers for N the Privacy A	ture Statement - This use of this form is mandatory and the Medicare & Medicaid Services in implementing section §19 Act of 1974, any personally identifying information obtained any not conduct or sponsor, and a person is not required.	905(a)(9) of the Social Security Act. Under d will be kept private to the extent of the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0001		Approval Date:	May 19, 2025
Super	sedes TN:	17-0009	Effective: Janua	ary 3, 2025

Enter Suppleme	nt or Addendum	if applicable]
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Attachment 3.1-A

22-2
ecurity Act

	22-2
	State Plan under Title XIX of the Social Security Act
	State/Territory: Maryland
	Section 1905(a)(9) Clinic Services
✓	Renal Dialysis Clinics [Select below if applicable.]:
	Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]
	Free-Standing Dialysis Facility Services - a facility that provides dialysis services. Covered services include: 1) hemodialysis; 2) peritoneal dialysis; 3) continuous ambulatory peritoneal dialysis; 4) continuous cycling peritoneal dialysis; 5) home dialysis training; 6) laboratory services; and 7) drugs and supplies.
√	Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:
	Local Health Departments - a division of local government responsible for the oversight and medical care relating to public health.
	General Clinics - general medical practice run by one or more general practitioners and/or internal medicine providers.
	Family Planning Clinics - a clinic that provides reproductive health services.
	Ambulatory Surgery Centers A. The Ambulatory Surgery program covers medically necessary facility

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0001		
Supe	rsedes TN:	12-02	

Approval Date: May 19, 2025

Effective: January 3, 2025

Enter Supplement	or Addendum	if applicable]
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Attachment 3.1-A

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State Plan under Title XIX of the Social Security	/ ACt
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State/Territory: Maryland

Section 1905(a)(9) Clinic Services

services rendered to recipients in a free-standing Medicare-certified ambulatory including:

- (1) Diagnostic, curative, palliative, or rehabilitative services, when clearly related to the recipient's individual needs;
- (2) Surgical procedures which meet Medicare standards; and
- (3) Dental services performed by a dentist.

Free-standing Urgent Care Centers:

A. The Program covers medically necessary services rendered to recipients in a Free-standing urgent care center, defined as diagnostic, palliative, or rehabilitative services, when clearly related to the recipient's individual needs and includes:

- (1) Treatment for acute illnesses with a sudden onset;
- (2) Minor trauma;
- (3) Physician services.



Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Ambulatory Surgery Centers

The Maryland Medicaid Ambulatory Surgery program does not cover the following services in a free-standing Medicare certified ambulatory surgical center:

- Services not medically necessary;
- (2) Investigational and experimental drugs and procedures:
- (3) Physician's services (including surgical procedures and all preoperative and postoperative services performed by a physician);

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TN:	25-0001		
Supe	rsedes TN:	14-012	

Approval Date: | May 19, 2025

Effective: January 3, 2025

Enter Supplement	or Addendum	if applicable]
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Attachment 3.1-A

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State Plan under Title XIX of the Social Security Act

State/Territory:	Maryland
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Section 1905(a)(9) Clinic Services

- (4) Anesthesia services;
- (5) Radiology services other than those integral to performance of a covered surgical procedure;
- (6) Diagnostic procedures other than those directly related to a covered surgical procedure;
- (7) Ambulance services;
- (8) Leg, arm, back and neck braces other than those that serve the function of a cast or splint;
- (9) Artificial Limbs; or
- (10) Non-implantable prosthetic devices and DME.

Freestanding Urgent Care Centers

The following services are not covered:

- (1) Any service or treatment identified by the Department that is not medically necessary;
- (2) Experimental or investigational services;
- (3) Immunizations required for travel outside the Continental U.S.;
- (4) Well child visits:
- (5) Sports physicals.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0001	Approval Date:	May 19, 2025
Supersedes TN: 14-012	Effective: Janu	ary 3, 2025

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State Plan under Titl	e XIX of the	Social Security	y Act
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State/Territory: Maryland

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic [Select all that apply.]:

Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

Outpatient Mental Health Centers, including those Local Health Departments that have been certified as an Outpatient Mental Health Center and enrolled in the Maryland Medical Assistance Program to bill as an Outpatient Mental Health Center.

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TN:	25-0001		
Supe	ersedes TN:	14-012	

Approval Date: May 19, 2025

Effective: January 3, 2025

Enter Supplement or Addendum if applicable]	Attachment 3.1-A
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State Plan under Title XIX of the Social Sec	curity Act
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Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) [Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]: A definition adopted and used by a federal governmental agency for programmatic purposes [Describe below.]: A definition adopted by a state governmental agency with a role in setting state rural health policy [Describe below.]:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0001		Approval Date:	May 19, 2025	5
Super	rsedes TN:	13-04	Effective: Janua	ary 3, 2025	

[Enter Supplement or Addendum if applicable]	Attachment 3.1-A
	22-7
State Plan under Title XIX of the Social Se	ecurity Act
State/Territory: Maryland	
Section 1905(a)(9) Clinic Services	s
The state attests that [Select the checkbox if the state election outside of a clinic that is located in a rural area.]:	ets to cover services
The selected definition of a rural area best capture rural individuals that meets more of the four criter and barriers to access experienced by individuals	ria that mirror the needs
 The population experiences high rates of be diagnoses or difficulty accessing behavioral The population experiences issues accessing transportation; The population experiences a historical missing system; and The population experiences high rates of pomortality. 	I health services; ng services due to lack of strust of the health care
Additional Benefit Description (Optional) At its option the state may provide additional descriptive information benefit, beyond what is included in the federal statutory and reand descriptions. [Describe below.]:	
PRA Disclosure Statement - This use of this form is mandatory and the in Centers for Medicare & Medicaid Services in implementing section §1905 the Privacy Act of 1974, any personally identifying information obtained w law. An agency may not conduct or sponsor, and a person is not required unless it displays a currently valid Office of Management and Budget (Office of this project is 0938-1148 (CMS-10398 #91). Public burden for	(a)(9) of the Social Security Act. Under rill be kept private to the extent of the to respond to a collection of information MB) control number. The OMB control

regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN:	25-0001		Approval (Date:	May 19, 2025	
Supersedes TN: NEW		Effective:	Effective: January 3, 2025			