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**State Name: Maryland**

**State Plan Amendment (SPA) #: 25-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS-179 Form
- 4) Approved SPA Page

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



Medicaid and CHIP Operations Group

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May 20, 2026

Perrie Briskin  
Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5<sup>th</sup> Floor  
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) - 25-0004

Dear Medicaid Director Briskin:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges.

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 25-0004 was approved on May 20, 2026, effective January 1, 2025, and will sunset December 31, 2026.

Please note that accompanying this approval of SPA 25-0004, there is an enclosed companion letter regarding the need for Maryland to address identified actions that must be completed by December 31, 2026, to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing the companion letter to document these actions and establish a timeframe for their completion.

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](mailto:Talbatha.Myatt@cms.hhs.gov).

Sincerely,

Nicole McKnight, Acting Division Director  
Division of Program Operations

Enclosures

cc: Perrie Briskin  
Tyler Colomb

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
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May 20, 2026

Perrie Briskin  
Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5<sup>th</sup> Floor  
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) – 25-0004

Dear Medicaid Director Briskin:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to MD-25-0004, approved on May 20, 2026. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state’s efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of MD-25-0004 CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

- 1. Procedures for Medicaid and CHIP eligibility, enrollment, and applicable notifications:** Maryland has established a secure automated daily file transfer from the Department of Juvenile Services (DJS) to the Maryland Department of Health (MDH) Office of Eligibility Services (OES), containing a list of individuals currently detained within DJS facilities. DJS and MDH have formalized a process for identifying Medicaid enrolled youth in DJS custody, suspending their Managed Care Organization (MCO) enrollment, and subsequently reinstating that enrollment post-release. OES has successfully implemented a process for disenrolling Medicaid recipients on that list from their MCOs, while accounting for turnover of individuals detained for short periods of time (e.g. less than 7 calendar days). Participants retain fee-for-service (FFS) coverage, thereby keeping them in a “suspended” status. When an individual is detained or incarcerated, a MMIS indicator is added to their case, and they are removed from their MCO. The indicator is used ONLY when a person is detained/incarcerated. If an individual needs a 24 hospitalization (or is within 30 days of release), the hospital is reimbursed FFS. Thus, during their period of incarceration, their Medicaid eligibility continues, and Maryland only draws down FFP for eligible services. DJS is leveraging the same file transfer process to send a weekly release file, containing a list of individuals released within the last 7 calendar days. OES is using that list to assign or re-enroll individuals in MCOs upon release. Upon release, the MMIS indicator is removed, and they are either placed back into their original MCO (if within 120 days), or if they are new to coverage, they are given the option to choose an MCO or wait for auto-assignment of an MCO. In order to achieve readiness, OES is in the final stages of automating the MCO assignment and re-enrollment process, which would facilitate a more efficient warm hand-off for post-release services. MDH is also in the process of adapting existing notification processes to inform newly released Medicaid recipients of their Medical Assistance Identification (MAID) as well as their MCO. MDH now anticipates this automation to be completed by February 2026, when updates will go-live in the Maryland Health Benefit Exchange (MHBE). MDH is also working closely with the Maryland Department of Public Safety and Correctional Services (DPSCS), which operates the Baltimore city local facility and state prisons, to establish a process for identifying individuals eligible for these services, ensuring their access to those services pre and post release.
- 2. New or updated written staff-level operational policies and procedures where workflows and processes are impacted by the new requirements:** MDH produced an Action Transmittal in collaboration with DJS, detailing the 1902(a)(84) requirements added by section 5121 of the CAA, 2023 and processes necessary to meet those requirements. MDH continues to work closely with DJS to update operational policies for

tracking eligible juvenile as described in 1902(a)(nn) throughout their detention, warm hand-offs with case managers, identifying Medicaid eligible juveniles who are former foster youth between 21 and 26 years of age, and providing recommended screenings and diagnostics for that age group.

3. **Readiness survey, training, education, and outreach actions:** MDH intends to administer a readiness survey for each of the local jurisdictions for which includes questions about service provision, data sharing, and billing, and other operational areas. MDH plans to use this survey to first determine local capacity to identify eligible juveniles and ensure access to Medicaid services for those eligible juveniles, and then provide adequate training, education, and outreach support for implementation within each jurisdiction.
4. **Establishing operational protocols and exchanges with DJS:** Maryland has strong connections between MDH and DJS. MDH and DJS meet regularly to discuss requirements and design implementation efforts to meet those requirements. This collaboration has culminated in an Action Transmittal that has already been released which includes content related to policies, procedures, and processes (e.g. ensure pre-release services do not effectuate delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.) DPSCS is also working closely with MDH on the implementation of reentry requirements. DPSCS has adapted its internal systems to identify individuals eligible for these services, such as former foster care youth. MDH continues to need to develop relationships with other local jails and the federal prison population that will be in Maryland post-release. MDH will need to implement data sharing agreements with each of these jurisdictions in order to appropriately identify and serve eligible juveniles in accordance with 1902(a)(84). MDH is working on the following remaining activities:
  - a. Continuing to establish buy in from the local jurisdictions jail personnel through regular data sharing discussions,
  - b. Entering into data sharing agreements with each of the local jurisdictions,
  - c. Establishing bidirectional data feed with each local jurisdiction,
  - d. Evaluating the need for the submission of an Advance Planning Document (APD) for MMIS funding to allow for efficient data sharing,
  - e. Continuing to work with DJS to adapt other processes that will facilitate roll-out of Medicaid reimbursed services,
  - f. Integrating new requirements within current Medicaid and CHIP operations, such as disaster planning and continuity of operations, hearings and appeals, beneficiary notices, record retention, and other operational activities associated with program administration,
  - g. Issuing any additional action transmittal(s) and contract(s) as applicable to other partners and (e.g. provider transmittals, action transmittal, provider agreements/addendums), and
  - h. Developing processes for DJS for retaining documents for the timeframe established by the Code of Maryland Administrative Regulations (COMAR) and the Department of General Services-State Records Center, Records Retention and Disposal Schedule.
5. **Provider Enrollment and Training:** MDH has successfully established a provider type for the provision of the pre-release targeted case management (TCM) services. MDH's

Department of Provider Services provided training on provider enrollment to DJS and DJS is working to enroll in this provider type. MDH's Department of Provider Services also provided training on how to bill Medicaid. Provider Services is also able to support enrollment and billing through their various helplines and resources. MDH and DJS will work together to resolve any billing issues as they arise.

**6. Processes to ensure the timeliest possible provision of screening and diagnostic services if they are not able to be covered beginning 30 days prior to release:** DJS already provides comprehensive screening, diagnosis and vaccination services upon entry into their facilities. Information on the services provided will be incorporated into warm hand-off paperwork along with services that need to be accessed post-release. Additionally, DJS participates in the Vaccines for Children (VFC) program, which tracks vaccines through the Centers for Disease Control (CDC). MCOs will therefore be able to access vaccination information through the CDC database for VFC, in addition to warm hand-off paperwork provided by DJS. The Maryland Healthy Kids Medical Program outlines Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services that must be made available to all Medicaid participants under 21 years old. Individuals being released from DJS facilities will automatically take part in the Maryland Healthy Kids Medical Program and thereby receive any EPSDT services not provided pre-release. MDH is working on the following remaining activities:

- a. Working closely with DJS to establish processes for data sharing as part of the warm hand-off process that will include completed preventive screenings and vaccinations as well as services needed post-release,
- b. Implementing a workgroup overseen by the Behavioral Health Advisory Council and the Commission on Behavioral Health Care Treatment and Access which will inform how MDH is implementing CMS recommendations for behavioral health screenings for youth under 21 years old, and
- c. Finalizing a list of screening, diagnostic and vaccination services required pre-release for individuals over 21 years of age, in collaboration with MDH Clinical Transformation Unit, DJS and DPSCS. MDH intends to work closely with DPSCS and DJS to ensure pre-and post-release access to these services for former foster care youth up to 26 years old and in DPSCS custody as well as youth under 21 and in DJS custody.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, Talbatha Myatt at (215) 861-4259 or via email at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov).

Sincerely,

Nicole McKnight, Acting Division Director  
Division of Program Operations

Enclosures

cc: Perrie Briskin  
Tyler Colomb

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 447.204~~ **1902(a)(84)(D) of the Social Security Act**

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

Attachment 3.1M pg. 1-2 (25-0004)  
Supplement 1 to Att. 3.1M pg. 1-7 (25-0004)

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

Attachment 3.1M pg. 1-2 (NEW)  
Supplement 1 to Att. 3.1M pg. 1-7 (NEW)

9. SUBJECT OF AMENDMENT

This amendment will be used to create a separate Medicaid program to cover screening and diagnostic services in accordance with state Early and Periodic Screening, Diagnostic and Treatment requirements, as well as targeted case management services for juveniles who are incarcerated post-adjudication and who would otherwise be eligible for Medicaid.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

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

March 28, 2025

17. DATE APPROVED

May 20, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director for Division of Program Operations

22. REMARKS

5/13/2026-State requested pen and ink change to update Box 5, 7 and 8.

**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: Maryland**

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 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:25-0004\_\_

Supersedes TN:NEW\_\_\_\_\_

Approval Date: May 20, 2026

Effective Date: January 1, 2025

Additional information provided (optional):

No

Yes [provide below]

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

The state is working with correctional facilities, including local jurisdictional jails, to determine whether it is or is not feasible to provide services within that facility. The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state is working with correctional facilities, including local jails, to determine whether it is or is not feasible to bill for required services that are furnished in the pre-release period. The state will maintain clear documentation in its internal operational plan indicating whether carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 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:25-0004\_\_\_\_

Supersedes TN:NEW\_\_\_\_\_

Approval Date: May 20, 2026

Effective Date: January 1, 2025