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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 25-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

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

September 12, 2025

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

Re: Maryland State Plan Amendment (SPA) 25-0008

Dear Medicaid Director Briskin:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment proposes to update plan of care requirements in the state's targeted case management (TCM) benefit for children and youth with serious mental illness.

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 25-0008 was approved on September 12, 2025, effective April 19, 2025.

Enclosed are copies of the Form CMS-179 and the approved SPA page 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,

A large black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 8

2. STATE

MD3. 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

April 19, 2025

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 447.201~~ **42 CFR 440.169**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 3 to Attachment 3.1A pg. 10-H-10-U (25-0008)~~~~Attachment 4.19B Pg. 15A-16 (25-0008)~~**Supplement 3 to Attachment 3.1A pg. 10-K**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Supplement 3 to Attachment 3.1A pg. 10-H-10-N; 10-Q-10-U (14-07)~~~~Supplement 3 to Attachment 3.1A pg. 10-Q-10-P (19-0002)~~~~Attachment 4.19B Pg. 15A-16 (18-0002)~~**Supplement 3 to Attachment 3.1A pg. 10-K**

9. SUBJECT OF AMENDMENT

MDH is submitting an amendment for the Targeted Case Management State Plan for Care Coordination for Children and Youth.

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. NAME OF THE PERSON TO WHOM THE MATERIAL IS BEING SUBMITTED

AL

12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

06/25/2025

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

06/25/2025

17. DATE APPROVED

09/12/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/19/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

9/8/2025- The state requested a pen and ink change to update state plan pages in Box 7 and Box 8.

9/11/2025-The state approved a pen and ink change to update federal citation in Box 5.

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

TARGETED CASE MANAGEMENT SERVICES:
Care Coordination for Children and Youth

- (a) After the initial assessment is completed, a POC shall be developed based on the information obtained through the comprehensive screening and assessment tools approved by the Department.
- (b) Development of and updates to the POC will be youth and family-directed and managed through team meetings, which include the participant, and if the participant is a minor, the minor's parent or guardian, providers, family members, and other interested persons, as appropriate.
- (c) After the POC is developed, it shall be updated as often as clinically indicated based on the strengths and needs of the participant but in no instance less than
 - (i) For Level I participants, every 6 months;
 - (ii) For Level II participants, every 3 months;
 - (iii) For Level III participants, every 60 calendar days;
 - (iv) For all participants, within 7 calendar days following a crisis event.
- (d) The POC shall contain, at minimum:
 - (i) A description of the participant's strengths and needs;
 - (ii) The diagnosis(es) established as evidence of the participant's eligibility for services under this chapter;
 - (iii) The goals of care coordination services to address the behavioral health, medical, social, educational, and other services needed by the participant, with expected target completion dates and proposed course of action.