

## **Table of Contents**

**State/Territory Name: MD**

**State Plan Amendment (SPA) #: 25-0011**

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

April 30, 2026

Perrie Briskin, MBA, MPH  
Deputy Secretary, Health Care Financing and Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5<sup>th</sup> Floor  
Baltimore, MD 21201

RE: TN 25-0011

Dear Deputy Secretary Briskin:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed State Name state plan amendment (SPA) to Attachment 4.19- D MD 25-0011, which was submitted to CMS on August 22, 2025. This plan amendment implements a one-time three (3) percent rate increase, provided through the Maryland budget bill, for the Nursing Facilities Program.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or via email at [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 1 1</u>	2. STATE <u>MD</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <b>July 1, 2024 2025</b>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> <u>2025</u> \$ <u>5,196,726</u> <u>6,620,225</u> b. FFY <u>2025</u> <u>2026</u> \$ <u>15,590,176</u> <u>19,860,677</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447.201</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Att. 4.19D pg. 1</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Att. 4.19D pg. 1</u>	

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

9. SUBJECT OF AMENDMENT  
This SPA implements a one-time three (3) percent rate increase, provided through the Maryland budget bill, for the Nursing Facilities Program.

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  
[Redacted]

12. TYPED NAME  
Perrie Briskin, MBA, MPH

13. TITLE  
Deputy Secretary, Health Care Financing and Medicaid Director

14. DATE SUBMITTED  
8/22/2025

15. RETURN TO  
Perrie Briskin, MBA, MPH  
Deputy Secretary, Health Care Financing and Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED <u>August 22, 2025</u>	17. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2025</u>	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Financial Management Group</u>

22. REMARKS  
February 11, 2026 - State authorized pen and ink change to box 4 from 2024 to 2025.  
March 10, 2026 - State authorized pen and ink change to box 14 from empty to 8/22/2025.  
April 21, 2026 - State authorized pen and ink change to box 6a from 2024 \$5,196,726 to 2025 \$6,620,225 and 6b frp, 2025 \$15,590,176 to 2026 \$19,860,677.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State of Maryland

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**Program/Service**

4.19(d) Nursing facility payment rates, account for the cost of services required to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident eligible for Medicaid benefits.

Payment rates for nursing facilities are based on a prospective reimbursement methodology.

Payment rates for nursing facilities are based on pricing and are the sum of per diem reimbursement calculations in four cost centers: administrative/routine, other patient care, capital, and nursing services (which include certain direct care costs such as therapies). Prospective payments are considered paid in full.

Additional allowable ancillary payments are listed and are paid prospectively and in full.

In accordance with the Omnibus Budget Reconciliation Act of 1987, nursing facility payment rates, effective October 1, 1990, take into account the costs of nursing facilities' compliance with the requirements of Sections 1919(b) (other than paragraph (3)(F)), 1919(c), and 1919(d) of the Social Security Act.

Aggregate payments for these facilities may not exceed Medicare upper payment limits as specified at 42 CFR 447.272.

A provider that renders care to Maryland Medicaid participants of less than 1,000 days of care during the provider's fiscal year may choose to not be subject to cost reporting requirements and to accept as payment the Medicaid statewide average payment for each day of care.

Nursing facilities that are owned and operated by the State are not paid in accordance with these provisions. These facilities are reimbursed reasonable costs based upon Medicare principles of reasonable cost as described at 42 CFR 413.

Unless otherwise defined, indexing noted under the Prospective Reimbursement Methodology refer to the latest Skilled Nursing Home without Capital Market Basket Index, two (2) months before the period for which rates are being calculated.

Effective July 1, 2025, provider payment rates shall be increased by three (3) percent from the methodology described herein.