

## **Table of Contents**

**State/Territory Name: MD**

**State Plan Amendment (SPA) #: 25-0013**

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**

December 3, 2025

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

RE: TN MD-25-0013

Dear Deputy Secretary Briskin:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maryland state plan amendment (SPA) to Attachment 4.19-D MD 25-0013, which was submitted to CMS on September 30, 2025. This plan amendment updates an additional eligibility requirement that states, to be eligible to receive funds through the pay-for performance program, nursing facility providers must not be identified by the Department as failing to pay the quality assessment in accordance with the established timetables.

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 8, 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,

A solid black rectangular box used to redact the signature of the sender.

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

2 5 — 0 0 1 3

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

July 8, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D pg. 7C

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19D pg. 7C (20-0005)

9. SUBJECT OF AMENDMENT

This SPA implements an additional eligibility requirement that states, in order to be eligible to receive funds through the pay-for-performance 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

12. TYPED NAME

Perrie Briskin, MBA, MPH

13. TITLE

Deputy Secretary, Health Care Financing and Medicaid Director

14. DATE SUBMITTED

9/30/2025

15. RETURN TO

Perrie Briskin

Deputy Secretary, Health Care Financing and Medicaid Director

Maryland Department of Health

201 W. Preston St., 5th Floor

Baltimore, MD 21201

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 30, 2025

17. DATE APPROVED

December 3, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 8, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

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

State of Maryland

**Program/Service**

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## Pay-for-Performance

Maryland nursing facilities are eligible to participate in a pay-for-performance program if they have 45 or more licensed nursing facility beds, are not a continuing care retirement community, and have not been, during the 1-year period ending March 31, denied payment for new admissions, identified as delivering substandard quality of care, identified as a Special Focus facility or, effective July 8, 2025, identified by the Department as failing to pay the quality assessment in accordance with the established timetables in the Code of Maryland Regulations (COMAR) 10.01.20 Nursing Facility Quality Assessment.

Providers shall be scored and ranked based on the following criteria:

## (1) Staffing levels

In order to evaluate and compare staffing, the Program will use data from the Payroll Based Journal to calculate average hours of care per resident per day. Using a 4.13 hours standard for a facility with an average resident acuity, the Program sets an acuity-adjusted goal for each provider based on its resident mix. Providers are scored on their actual staffing relative to their facility-specific goal. Providers that meet or exceed their goal shall be scored at 100 percent.

Staffing levels will comprise of 20 percent of the overall score

## (2) Staff Stability

Continuity and stability of nursing staff will be measured by the percent of nursing staff who have been employed by the facility for 2 years or longer. Nursing facilities will be required to submit a listing of their staff who were employed during the pay period that includes March 31, including their dates of hire.

Staff stability will comprise 15 percent of the overall score.

## (3) Family satisfaction

Family satisfaction is based on results from the facility's most recent Nursing Facility Family Survey conducted by the Maryland Health Care Commission. Providers are scored on questions regarding general satisfaction (12%) and on several categories of questions regarding specific aspects of care and environment in the facility (18%). These questions will comprise 30 percent of the overall score.