Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 22-0024

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



Medicaid and CHIP Operations Group

November 3, 2022

Mr. Steven Schuh Maryland Department of Health 201 W. Preston St., 5th Floor Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0024

Dear Mr. Schuh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0024. This amendment removes the reference to "psychiatric hospitals" on the inpatient hospital coverage state plan page. This change comes at the recommendation of the companion letter associated with SPA MD 22-0002.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.10. This letter is to inform you that Maryland Medicaid SPA 22-0024 was approved on November 2, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at <u>Talbatha.Myatt@cms.hhs.gov</u>

Sincerely,



James G. Scott, Director Division of Program Operations

cc: Alison Donley, Medicaid Provider Services Administration Tyler Colomb, Medicaid Provider Services Administration Nina McHugh, Medicaid Provider Services Administration

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL POR: CENTERS FOR MEDICARE & MEDICAID SERVICES 1. TRANSMITTAL NUMBER 2. 2 - 0 0 2. 4 M D 3. PROGRAM IDENTIFICATION TITLE OF THE SOCIAL SECURITY ACT 3. PROGRAM IDENTIFICATION TITLE OF THE SOCIAL SECURITY ACT 3. XX XXX XXI 10: CENTER DIRECTOR CENTERS FOR MEDICAD & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 4. PROPOSED EFFECTIVE DATE July 1, 2022 3. 0 XXI XXI XXI XXI 5. FEDERAL STATUTE/REGULATION CITATION CERTERS FOR MEDICAD & CHIP SERVICES 6. FEDERAL BUDGET IMPACT (Anounds in WHOLE dollars) a FFY_2023 5. 0 5. 0 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att 3.1A page 10 (22-0023) 6. FEDERAL BUDGET IMPACT (Anounds in WHOLE dollars) a FFY_2023 5. 0 9. SUBJECT OF AMENDMENT This proposal updates State Plan language following guidance from the companion letter associated with SPA MD-22-0002. 10. GOVERNOR'S REVIEW (Check One) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED ROOT SOFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. RETURN TO Steven Schuh Medicaid Director 11. DATE SUBMITTED 9/28/22 11. RETURN TO Steven Schuh Medicaid Director 14. DATE SUBMITTED 9/28/22 11. RETURN TO Steven Schuh Medicaid Director 14. DATE SUBMITTED 9/28/22 PLAN APPROVED - ONE COPY ATTACHED 11/02/2022 1. TITLE OF APPROVED 11/02/2022 2 PLAN APPROVED - ONE COPY ATTACHED 10. TTO		
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	10-7-22 State request pen & ink change to undate reference in hey 5 to	"42 CER 440 10"

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Description of Services: INPATIENT SERVICES

Medically necessary services that require admission in an acute or chronic hospital.

Provider Types:

"Hospital" refers to Maryland Licensed institutions that meet the standards of 42 CFR §440.10.

Limitations:

Reimbursement will not be made for any services identified by the Department as not medically necessary or not covered.

Authorization by the Department or its designee is required for all non-emergent admissions except deliveries. If a vaginal delivery exceeds 2 days or a cesarean section delivery exceeds 4 days, authorization is required for subsequent inpatient days through the date of discharge.

Concurrent review is also required for all hospital stays for Medicaid participants.