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**State/Territory Name:** Maryland

**State Plan Amendment (SPA) #:** MD-24-0001-CHIP

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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June 20, 2024

Tricia Roddy  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

Dear Tricia Roddy:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number MD-24-0001-CHIP, submitted on May 31, 2024, has been approved. Through this SPA, Maryland has demonstrated compliance with the Inflation Reduction Act (IRA) Section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. This SPA has an effective date of October 1, 2023.

Section 11405(b)(1) of the IRA requires states with separate CHIPs that include coverage for adults to provide coverage and payment for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing. Current regulations at 42 CFR §§ 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the (ACIP) without cost sharing. The state provided the necessary assurances to demonstrate compliance with both requirements.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410)786-8145  
E-mail: [Ticia.Jones@cms.hhs.gov](mailto:Ticia.Jones@cms.hhs.gov)

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Sarah deLone/

Sarah deLone  
Director

Implementation Date: October 1, 2023

SPA #MD-24-0001-CHIP

Purpose of SPA: The state is assuring that it covers age-appropriate vaccines and their administration, without cost sharing, to demonstrate compliance with the Inflation Reduction Act of 2022 and 42 CFR § 457.60.

Proposed effective date: October 1, 2023

Proposed implementation date: October 1, 2023

**Maryland’s Modified Adjusted Gross Income (MAGI) SPA Roster**

<b>Transmittal Number</b>	<b>SPA Group</b>	<b>PDF Number</b>	<b>Description</b>	<b>Superseded Plan Section(s)</b>
<b>MD-14-0010</b> Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	MAGI-equivalent standards, by age group; Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
<b>MD-14-0011</b> Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
<b>MD-23-0003</b> Effective/Implementation Date: July 1, 2023	MAGI Eligibility and Methods	CS9 CS15	Eligibility-Coverage from Conception to Birth MAGI-Based Income Methodologies	CS-9 Supersedes the current sections Geographic Area, Age and Income sections 4.1.1, 4.1.2, 4.1.  CS-15 incorporate within a separate subsection under section 4.3
<b>MD-23-0004</b> Effective/Implementation Date: July 1, 2023	Non Financial Eligibility SPA Group	CS17	Non-Financial Eligibility Residency	Supersedes the current section 4.1.5

**1.4- TC Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State consulted with a representative from Native American LifeLines, an Urban Indian Health Program. On April 30, 2024, the State shared a redline version of the proposed CHIP HSI SPA along with a document summarizing the new benefit and asked for feedback. Kerry Hawk Lessard, Executive Director at Native American LifeLines reviewed the proposed amendment and on April 30, 2024, responded that they had no changes to suggest.

## **Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination**

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

1. Population
2. Number of uninsured
3. Race demographics
4. Age Demographics
5. Info per region/Geographic information

**2.1.** Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified, by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR 457.80(a))

### **PUBLIC PROGRAMS PROVIDING HEALTH BENEFITS COVERAGE IN MARYLAND**

Public programs in Maryland provide health coverage to children and adults across the State. The Maryland Medical Assistance program, which includes the Maryland Children’s Health Program, provides creditable health coverage to eligible recipients and

resources the State intends to apply to educate employers about the availability of premium assistance subsidies under the State child health plan. (Section 2102(c))

**6.4.3.5-PA Purchasing Pool-** A State may establish an employer-family premium assistance purchasing pool and may provide a premium assistance subsidy for enrollment in coverage made available through this pool (Section 2105(c)(10)(I)). Does the State provide this option?

- Yes
- No

**6.6.3.5.1-PA** Describe the plan to establish an employer-family premium assistance purchasing pool.

**6.6.3.5.2-PA** Provide an assurance that employers who are eligible to participate: 1) have less than 250 employees; 2) have at least one employee who is a pregnant woman eligible for CHIP or a member of a family that has at least one child eligible under the State’s CHIP plan.

**6.6.3.5.3-PA** Provide an assurance that the State will not claim for any administrative expenditures attributable to the establishment or operation of such a pool except to the extent such payment would otherwise be permitted under this title.

**6.4.3.6-PA Notice of Availability of Premium Assistance-** Describe the procedures that assure that if a State provides premium assistance subsidies under this Section, it must: 1) provide as part of the application and enrollment process, information describing the availability of premium assistance and how to elect to obtain a subsidy; and 2) establish other procedures to ensure that parents are fully informed of the choices for child health assistance or through the receipt of premium assistance subsidies (Section 2105(c)(10)(K)).

**6.4.3.6.1-PA** Provide an assurance that the State includes information about premium assistance on the CHIP application or enrollment form.

## **6.5-Vaccine coverages**

Guidance: States are required to provide coverage for age-appropriate vaccines and their administration, without cost sharing. States that elect to cover children under the State plan (indicated in Section 4.1) should check box 6.5.1 States that elect to cover pregnant individuals under the State plan should also check box 6.5.2. States that elect to cover the from-conception-to-end-of-pregnancy population (previously referred to as the “unborn”) option under the State plan should also check box 6.5.3.

### **6.5.1- Vaccine coverage for targeted-low-income children.**

- The State provides coverage for age-appropriate vaccines and their administration in accordance with

the recommendations of the Advisory Committee on Immunization Practices (ACIP), without cost sharing. (Section 2103(c)(1)(D)) (42 CFR 457.410(b)(2) and 457.520(b)(4)).

**6.5.2- Vaccine coverage for targeted-low-income pregnant individuals.**

The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12))

**6.5.3-Vaccine coverage for from-conception-to-end-of-pregnancy population option.**

The state provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost- sharing, to benefit the unborn child.

**Section 7. Quality and Appropriateness of Care**

Guidance: **Methods for Evaluating and Monitoring Quality-** Methods to assure quality include the application of performance measures, quality standards consumer information strategies, and other quality improvement strategies.

Performance measurement strategies could include using measurements for external