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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 16-0002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 033020164102

April 15, 2016

Shannon McMahon, Deputy Secretary Health Care Financing Maryland Department of Health and Mental Hygiene 201 West Preston Street, Room 525 Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 16-0002. This SPA removes the limitation on gender reassignment surgery in order for the State Plan to align with Maryland Medicaid's regulations.

The effective date for this amendment is January 1, 2016. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,

/S/

Francis McCullough Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0002	OMB NO. 0938-0193 2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDI	ERED AS NEW PLAN 🛛 AME	NDMENT
6. FEDERAL STATUTE/REGULATION CITATION:	ENDMENT (Separate Transmittal for each	h amendment)
N/A	7. FEDERAL BUDGET IMPACT: a. FFY <u>2015: \$ 45,000</u>	
& PAGE NUMPER OF THE DLAN SECTION OF	b. FFY <u>2016: \$ 15,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Att. 3.1A Page 17-A (AMEND)	OR ATTACHMENT (If Applicable):	
3- · · · (Att. 3.1A Page 17-A	
10. SUBJECT OF AMENDMENT: To remove the limitation Maryland Medicaid's regulations.	n on gender reassignment surgery i	n order to align with
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Susan J. Tucker, Executive Director	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Office of Health Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
/S/	16. RETURN TO: Susan I. Tuakar, Executive I	Nine day
13. TYPED NAME: Shannon McMahon	Susan J. Tucker, Executive Director OHS – DHMH	
13. TYPED NAME: Snannon McManon	$201 \text{ W. Preston St., } 1^{\text{st}} \text{ floor}$	
14. TITLE: Deputy Secretary,		
Office of Health Care Financing	Baltimore, MD 21201	
15. DATE SUBMITTED:	-	
3/30/2016		
3/30/2016	FICE USE ONLY	
3/30/2016 FOR REGIONAL OF	18. DATE APPROVED:	
3/30/2016 FOR REGIONAL OF 17. DATE RECEIVED: 3/30/16	18. DATE APPROVED: April 15, 2016	
3/30/2016 FOR REGIONAL OF 17. DATE RECEIVED: 3/30/16 PLAN APPROVED – ON	18. DATE APPROVED: April 15, 2016 E COPY ATTACHED	
3/30/2016 FOR REGIONAL OF 17. DATE RECEIVED: 3/30/16	18. DATE APPROVED: April 15, 2016 E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	FICIAL:
3/30/2016 FOR REGIONAL OF 17. DATE RECEIVED: 3/30/16 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	18. DATE APPROVED: April 15, 2016 E COPY ATTACHED	

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

STATE OF MARYLAND

PROGRAM

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

LIMITATIONS

9) Immunizations required for travel outside the continental United States.

10) Service which are provided outside of the United States;

11) Acupuncture;

12) Radial keratomy;

13) Sterilization reversals.

14) Injections, and visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical records;

15) Visits solely to accomplish one of more of the following:

a. Prescription, drug or food
supplement pick-up, collection of
specimens for laboratory procedures;
b. Recording of an electrocardiogram;
c. Ascertaining the patient's weight;