

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 16-0003

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 # 071920164010

August 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 16-0003. This SPA updates Maryland's State Plan to offer an allowance for personal needs to institutionalized recipients.

The effective date for this amendment is October 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/

A handwritten signature in red ink, appearing to read "Francis McCullough".

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICAID & CHIP SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 16-0003	2. STATE Maryland
	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 October 1, 2016	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(q) of the Social Security Act 42 CFR §§ 435.725, 435.726	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ 108,000 b. FFY <u>2017</u> \$ 155,700
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 4a, 4b, Attachment 2.6-A (amend) Page 3, Supplement 12 to Attachment 2.6-A (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Pages 4a, 4b, Attachment 2.6-A

10. SUBJECT OF AMENDMENT: To make an increment to the personal needs allowance for individuals subject to court-ordered guardianships to permit payment of a monthly fee of \$50.00 to a guardian of the person and/or a monthly fee of \$50.00 to a guardian of the property.

11. 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: The Secretary of the Department of Health and Mental Hygiene

12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Shannon McMahon	
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: <i>May 27, 2016</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/10/2016	18. DATE APPROVED: August 11, 2016
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: FRANCIS T. MCCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS:

Citation Condition or Requirement

1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutional care:

Personal Needs Allowance of not less than \$30 for Individuals and \$60 for Couples for All Institutionalized Persons.

- a. Aged, blind, disabled:
- | | |
|-------------|---------------|
| Individuals | <u>\$66*</u> |
| Couples | <u>\$132*</u> |

For the following persons with greater need: Institutionalized individuals who are subject to a guardian of the person, a guardian of the property, or both.

Supplement 12 to Attachment 2.6-A about greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
- | | |
|----------|--------------|
| Children | <u>\$66*</u> |
| Adults | <u>\$66*</u> |

For the following persons with greater need: Institutionalized Individuals who are subject to a guardian of the person, a guardian of the property, or both.

Supplement 12 to Attachment 2.6-A about greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

*Beginning July 1, 2007, the Personal Needs Allowance has been adjusted annually on July 1st by an amount not exceeding 5 percent to reflect the percentage by which Social Security benefits are increased by the federal government to reflect changes in the cost of living.

State: Maryland

Citation	Condition or Requirement
	<p>c. Individuals under age 21 covered in the plan as specified at S52. Personal Needs Allowance <u>\$66*</u></p> <p>For the following persons with greater need: Institutionalized individuals who are subject to a guardian of the person, a guardian of the property, or both.</p> <p>Supplement 12 to Attachment 2.6-A describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines a criterion is met.</p>
1924 of the Act	<p>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p><u> X </u> The poverty level component is calculated using the applicable percentage (set out in §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p><u> </u> The poverty level component is calculated using a percentage greater than the applicable percentage, equal to <u> </u> % of the official poverty level (still subject to maximum maintenance needs standard).</p> <p><u> </u> The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

PERSONAL NEEDS ALLOWANCE INCREMENT
FOR INDIVIDUALS WITH COURT-APPOINTED GUARDIAN OF THE PERSON,
GUARDIAN OF THE PROPERTY, OR BOTH

The State offers an allowance for personal needs to institutionalized recipients, set forth at Att. 2.6-A p 4a. In the case of an individual receiving nursing facility services for whom a court has ordered a guardian of the person, guardian of the property, or both, the State will increase the allowance to allow each such individual \$50 per month for each such guardian, or the guardian's court-ordered fee, whichever is less.

The availability and amount of this increment will be determined by Case Managers at local DHR Departments of Social Services and at the Eligibility Determination Division of DHMH, subject to written guidance from the division of Eligibility Policy and Training within DHMH.

TN No. 16-003
Supersedes
TN No. New

Approval Date: August 11, 2016

Effective Date: OCTOBER 1, 2016