

# MD - Submission Package - MD2019MS0001O - (MD-19-0004) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MD2019MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	MD
<b>SPA ID</b>	MD-19-0004	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Katia Fortune	<b>Submission Date</b>	7/15/2019
<b>Package Disposition</b>		<b>Approval Date</b>	9/5/2019 2:03 PM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

September 05, 2019

Dennis Schrader  
Medicaid Director  
Maryland Department of Health, Office of Health Care Financing  
201 West Preston Street  
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-19-0004

Dear Mr. Schrader:

On July 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-19-0004 to update the 1915i based eligibility group for the 1902 (r) (2) disregard

We approve Maryland State Plan Amendment (SPA) MD-19-0004 on September 05, 2019 with an effective date(s) of October 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Talbatha Myatt at 2158614259 or talbatha.myatt@cms.hhs.gov.

Sincerely,  
Francis T. McCullough  
Deputy Director  
Division of Medicaid Field Operations  
East (Philadelphia)  
Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

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<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Maryland

**Medicaid Agency Name:** Maryland Department of Health, Office of Health Care Financing

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

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### SPA ID and Effective Date

**SPA ID** MD-19-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2019	MD-18-0005
Individuals Receiving State Plan Home and Community-Based Services	10/1/2019	New

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The State of Maryland is pleased to submit State Plan Amendment 19-0003 1915(i) Home and Community-Based Services Administration and Operations. In accordance with Medicaid's proposed 1915i waiver renewal, this proposal would amend the services and eligibility requirements of the 1915i program to expand access to necessary behavioral health services. Maryland is requesting an effective date of October 1, 2019.

Maryland predicts a federal fiscal impact of \$0 for Federal Fiscal year 2018 and Federal Fiscal Year 2019, respectively.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

N/A

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

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**Submission Type** Official  
**Approval Date** 9/5/2019  
**Superseded SPA ID** N/A

**SPA ID** MD-19-0004  
**Initial Submission Date** 7/15/2019  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Dennis Schrader, Medicaid Director,  
Maryland Department of Health

# Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

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**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes  
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**


- All Indian Health Programs  
 All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
3/28/2019	Email

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">UIO Approval MD SPA 19-0003 1915i SPA</a>	7/15/2019 2:42 PM EDT	

**Indicate the key issues raised (optional)**

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery  
 Other issue

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

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	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):
















#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

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	System-Derived		

## B. Medically Needy Options for Coverage





The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults





Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

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	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | MD2019MS0001O | MD-19-0004

Individuals receiving section 1915(i) state plan home and community-based services.

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<b>Superseded SPA ID</b>	New User-Entered		

The state covers the optional Individuals Receiving State Plan Home and Community-Based Services eligibility group in accordance with the following provisions:

Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the needs-based criteria for receiving home and community-based services specified in section 1915(i)(1) of the Act and at 42 CFR 441.715. These are defined in the benefits section of the state plan.
2. Have income that does not exceed the standard described in section D.
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

# Individuals Receiving State Plan Home and Community-Based Services

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	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes  No

# Individuals Receiving State Plan Home and Community-Based Services

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	User-Entered		

## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes  No

2. The financial methodology used is:

SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

Less restrictive methodologies are used in calculating countable income.

Yes  No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

**FPL** 150.00%

**and**

**FPL** 300.00%

Less restrictive methodologies are used with respect to self-employment income.

A standard disregard is used instead of actual expenses if it is to the individual's benefit.

**The amount of the standard disregard is:**  A percentage of the gross receipts:  
 A dollar amount:

**Percentage:** 50.00%

**Description of disregard:** Census Bureau wages are disregarded.

**Description of disregard:** Interest is disregarded.

**Description of disregard:** Training allowances and expenses are disregarded.

**Description of disregard:** Room and board from a person living in the individual's home is disregarded.

Census Bureau wages are disregarded.

Interest is disregarded.

Training allowances and expenses are disregarded.

Room and/or board from a person living in the individual's home is disregarded.

A specified type of income is disregarded:

Name of income type:	Description:
Charitable contributions	Charitable contributions.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Infrequent/irregular income.	For unearned income up to \$200 over 6 months and for earned income \$30/quarter.

# Individuals Receiving State Plan Home and Community-Based Services

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## D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes  No

2. The income standard for this eligibility group is:

- a. 150% FPL
- b. A lower percent of the FPL:

# Individuals Receiving State Plan Home and Community-Based Services

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## E. Resource Standard Used

There is no resource test for this group.

## F. Additional Information (optional)



PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 9/5/2019 2:14 PM EDT*

