



**FULL PUBLIC NOTICE  
HEALTHCHOICE SECTION 1115 DEMONSTRATION AMENDMENT**

**§1115 HealthChoice Demonstration Waiver Amendment**

The Maryland Department of Health (the Department) is seeking an amendment to the §1115 HealthChoice Demonstration Waiver (HealthChoice demonstration) (Project Number: 11-W-00099/3) approved by the Centers for Medicare & Medicaid Services (CMS).

The amendment seeks federal approval to update existing payment methodologies and request additional participant spaces for the Assistance in Community Integration Services (ACIS) pilot to support statewide expansion. Additionally, the Department seeks approval to cover fertility preservation procedures for individuals with iatrogenic infertility, including those receiving gender-affirming services. Finally, the Department is seeking authority to include the non-Modified Adjusted Gross Income (non-MAGI) adult population in the previously submitted amendment requesting authority for an Express Lane Eligibility (ELE) program, enabling Maryland to renew Medicaid coverage for certain adults based on Supplemental Nutrition Assistance Program (SNAP) data.

Pursuant to CMS requirements for substantial amendments to existing demonstration programs, the Department is providing this full public notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed amendment. The amendment application, and other related public notice materials are available for review and public input for a minimum 30-day period starting October 7, 2024, and ending on November 6, 2024, as described in this notice.

**Program Descriptions**

**ACIS Pilot Program**

Under the existing ACIS Pilot Program, the Department works with local government agencies, known as Lead Entities (LE), to provide a set of home and community-based services (HBCS) to eligible participants. The ACIS pilot has been in effect since July 1, 2017. Under this pilot, tenancy-based case management services/tenancy support services and housing case management services, are provided to eligible Medicaid participants to assist them in obtaining the services of state and local housing programs.

To qualify for ACIS, Medicaid participants must meet specific health and housing needs-based criteria. The Department requests an amendment to ACIS' existing Special Terms and Conditions (STCs) to expand the pilot to better serve this population. This expansion is facilitated by the inclusion of \$5.4 million in state general funds. To this end, the Department submits a twofold request: 1) update

existing payment methodologies to require ACIS LEs to bill through the standard claiming process; and 2) to allow an additional 1,240 participant spaces for the ACIS pilot to facilitate participation from additional jurisdictions within Maryland.

### Fertility Preservation Services

House Bill 283—Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)—(Ch. 253 of the Acts of 2023) requires Maryland Medicaid to cover fertility preservation procedures for participants receiving certain gender-affirming services.

In response to this legislation, the State proposes in this amendment to cover these services for all Medicaid eligible participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include Medicaid participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.

The Department notes that implementation of this section is contingent upon enactment of statutory changes by the Maryland General Assembly and availability of State General Funds.

### Express Lane Eligibility for the Non-MAGI Population

This amendment will facilitate streamlined and efficient Medicaid renewals by allowing qualifying non-MAGI adult participants to maintain Medicaid coverage more easily without disruption, improving their health care access, and ultimately their health. Under the ELE process, eligible non-MAGI adults who receive SNAP benefits and meet Medicaid income thresholds may be automatically renewed in Medicaid, contingent on meeting other Medicaid eligibility criteria as defined by the Department. The process applies to the following population:

1. Adults aged 19 to 64 whose SNAP verified income is at or below 300 percent of the Federal Benefit Rate (FBR).

### Program Objective & Goals

These programs aim to promote the objectives of Maryland Medicaid by improving participant health outcomes and quality of life. Through the amendment, Maryland Medicaid will promote this objectives through the following goals:

1. Expanding housing and tenancy-based case management to reduce unnecessary healthcare utilization and address housing related to social determinants of health;
2. Improving access to medically necessary services; and
3. Reducing the administrative burden on Medicaid participants, diminish churn, and improve customer service by using available eligibility information.

Program	Program Goal	Amendment Objective
<b>ACIS Pilot</b>	The goals of the ACIS program are to reduce unnecessary health services use, increase housing stability, and improve health outcomes for Medicaid participants at risk of institutional placement or homelessness.	To expand existing participant spaces and simplify payment methodologies thereby encouraging additional LEs to participate in ACIS and serve more Medicaid participants.
<b>Fertility Preservation Services</b>	The goal of this program is to provide these services for eligible Medicaid participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.	To improve access to medically necessary services by increasing the number of health care visits and rendered services for Medicaid participants who are diagnosed with, or at risk for, iatrogenic infertility.
<b>Express Lane Eligibility</b>	ELE for the non-MAGI population will reduce the administrative burden, diminish churn, and improve customer service by using available eligibility information, thereby improving participants' health care access, and ultimately their health.	To increase the proportion of non-MAGI adults who are renewed through the ex parte, or automatic, renewal process.

**Impacts of Programs on Health Care Delivery System, Eligibility Requirements, and Benefit Coverage and Cost Sharing**

The amendment does not propose any changes to existing Medicaid state plan health care delivery system, eligibility, and cost sharing. Standards for these features are set forth under the State Plan. Participant eligibility will continue to be determined through the Medicaid State Plan and is subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. This amendment will not restrict existing program eligibility or enrollment.

The amendment proposes to expand and add the following benefits:

1. ACIS Pilot Program: Update existing payment methodologies and increase participant spaces to support statewide expansion; and

2. **Fertility Preservation:** Coverage of fertility preservation procedures for individuals with or at risk for iatrogenic infertility, including due to gender-affirming services.

**Enrollment and Expenditures**

The table below outlines the anticipated costs of the three benefits described above to eligible Medicaid participants over the next five years.

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02**	DY03**	DY04**	DY05**
<b>ACIS</b>					
<i>Enrollment**</i>	900	1,150	1,400	1,650	1,900
<i>Projected Expenditures</i>	\$4,532,999	\$5,792,165	\$7,051,331	\$8,310,498	\$9,569,664
<b>Fertility Preservation</b>					
<i>Enrollment</i>	1,978	1,978	1,978	1,978	1,978
<i>Projected Expenditures</i>	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118
<b>Non-MAGI ELE***</b>					
<i>Enrollment</i>	N/A	N/A	N/A	N/A	N/A
<i>Projected Expenditures</i>	N/A	N/A	N/A	N/A	N/A
<b>Total Expenditures</b>	\$10,943,117	\$12,202,283	\$13,461,449	\$14,720,616	\$15,979,782

\*Assumes an effective date beginning July 1, 2025.

\*\*Assumes award allocation of existing 280 spaces during state fiscal year 2025.

\*\*\*Due to the maintenance of effort requirements enacted in the FFCRA during the COVID-19 Public Health Emergency (PHE), ELE for the non-MAGI population will not result in additional costs.

**Hypotheses and Evaluation Parameters**

The Department will test the following proposed research questions and hypotheses as part of each program’s evaluation, in alignment with the goals and objectives of the Waiver.

The table below outlines the proposed research questions, hypotheses, and potential data sources for this amendment that would allow the Department to effectively test each of the specific hypotheses.

Program	Research Question	Hypothesis	Potential Data Source
<b>ACIS Pilot</b>	Does the ACIS pilot improve health outcomes for participants?	The ACIS pilot reduces unnecessary health services use, increases housing stability, and improves health outcomes for Medicaid participants at risk of institutional placement or homelessness.	Continue to utilize approved \$1115 HealthChoice Demonstration Waiver (Project Number: 11-W-00099/3) evaluation design for the ACIS pilot

<b>Program</b>	<b>Research Question</b>	<b>Hypothesis</b>	<b>Potential Data Source</b>
<b>Fertility Preservation Services</b>	Do fertility preservation services increase the number of health care visits to address iatrogenic infertility for Medicaid participants?	This amendment will allow individuals who are diagnosed with, or at risk for, iatrogenic infertility to preserve their ability to have children in the future.	MMIS, data from regional health information exchange (CRISP)
<b>Express Lane Eligibility</b>	How does the use of available SNAP data impact the proportion of non-MAGI participants whose coverage is automatically renewed; therefore, eliminating the need to complete a manual renewal process?	This amendment will improve health care access for the non-MAGI population by enabling participants to remain enrolled in their Medicaid coverage automatically, without requiring a manual renewal.	State eligibility and enrollment data

**§1115 Waiver and Expenditure Authorities Proposed for Amendment**

The State is requesting the waiver and expenditure authorities listed below, pursuant to section 1115(a)(1) of the Social Security Act to enable Maryland to implement the amendment:

<b>Waiver Authority</b>	<b>Rationale for Waiver</b>
Section 1902(a)(10)(B) Amount, Duration, and Scope of Services and Comparability	To enable the State to provide benefits specified in the special terms and conditions to HealthChoice demonstration participants enrolled in the ACIS Pilot program which are not available to other individuals under the Medicaid State Plan.  To enable the State to vary the amount, duration, and scope of services provided to eligible Medicaid participants seeking fertility preservation services.
Section 1902(a)(10)(A), Section 1902(a)(10)(C)(i)-(iii), and Section 1902(a)(17) - Eligibility Procedures and Standards	To enable the State to use streamlined eligibility procedures for the non-MAGI adult population.
<b>Expenditure Type</b>	<b>Rationale for Expenditure Authority</b>
Expenditures Related to Fertility Preservation Services	Expenditures for fertility preservation services, including storage of sperm and oocytes, rendered to eligible Medicaid participants.

## **Public Notice and Comment Process**

As announced in the abbreviated public notice released in the Maryland General Register on October 4, 2024, the draft §1115 amendment and related public notice materials are posted for a minimum 30-day public comment period, starting October 7, 2024 and ending on November 6, 2024, on the §1115 HealthChoice Demonstration Waiver homepage located on the Department's website:

<https://health.maryland.gov/mmcp/pages/1115-healthchoice-waiver-renewal.aspx>.

Interested parties may submit written comments electronically via email to [mdh.healthchoicere renewal@maryland.gov](mailto:mdh.healthchoicere renewal@maryland.gov) or may send written comments concerning the waiver amendment to:

Alyssa Brown, Director  
Medicaid Office of Innovation, Research and Development  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, MD 21201

Two public hearings will be held to solicit input on the proposed amendment. The date, time, and location of the public hearings are listed below:

### **Public Hearing #1:**

**Thursday, October 10, 2024; 1:00PM–2:00PM**

**In-person:** Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850

**Virtual/Audio:** GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/4139728790215225440>

### **Public Hearing #2:**

**Thursday, October 24, 2024; 1:00PM–3:00PM**

**In-person:** Maryland Department of Health - Level L-Room L1, 201 West Preston Street, Baltimore, Maryland 21201

**Virtual/Audio:** GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/3613407961570427992>

Please note that if you desire to make a public comment, you may attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Individuals needing special accommodation, please contact Claire Gregory at (410)-935-3938.