

Revision: HCFA-PM-92 -1 (MB)
FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A 2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(i)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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State/Territory: Maryland

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

/X/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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Citation	Condition or Requirement
1906 of the Act	<u> </u> 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).
New York State Department of Social Services v. Dublino 413 U.S. (1973)	<u> X </u> 11. Is required to apply for coverage under Medicare Part A if it is likely that the individual would meet the eligibility criteria for this program. The State agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the State does not pay the Medicare premiums, deductibles or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.

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State: Maryland

Citation	Condition or Requirement
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B. Post Eligibility Treatment of Institutionalized Individuals' Incomes

1. The following items are not considered in the post eligibility process:

- | | |
|----------------------------|---|
| 1902(o) of
the Act | a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. |
| Bondi v.
Sullivan (SSI) | b. Austrian Reparation Payments (pension (reparation) payments made under §500 – 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. |
| 1902(r)(1) of
the Act | c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). |
| 105/206 of
P.L. 100-383 | d. Japanese and Aleutian Restitution Payments. |
| 1. (a) of
P.L. 103-286 | e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). |
| 10405 of
P.L. 101-239 | f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.) |
| 6(h)(2) of
P.L. 101-426 | g. Radiation Exposure Compensation. |
| 12005 of
P.L. 103-66 | h. VA pensions limited to \$90 per month under 38 U.S.C. 5503. |

Citation	Condition or Requirement								
1924 of the Act 435.725 435.733 435.832	<p>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:</p> <p>Personal Needs Allowance of not less than \$30 for Individuals and \$60 for Couples for All Institutionalized Persons.</p> <p>a. Aged, blind, disabled:</p> <table><tr><td>Individuals</td><td><u>\$66*</u></td></tr><tr><td>Couples</td><td><u>\$132*</u></td></tr></table> <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 <u>Attachment 2.6-A</u> 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.</p> <p>b. AFDC related:</p> <table><tr><td>Children</td><td><u>\$66*</u></td></tr><tr><td>Adults</td><td><u>\$66*</u></td></tr></table> <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 <u>Attachment 2.6-A</u> 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.</p>	Individuals	<u>\$66*</u>	Couples	<u>\$132*</u>	Children	<u>\$66*</u>	Adults	<u>\$66*</u>
Individuals	<u>\$66*</u>								
Couples	<u>\$132*</u>								
Children	<u>\$66*</u>								
Adults	<u>\$66*</u>								

*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.

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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: Maryland

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u> X </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or</p> <p><u> </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>a. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u> X </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.</p> <p><u> </u> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>b. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>

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Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <p>Φ AFDC level or Φ Medically needy level: (Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1 <input checked="" type="checkbox"/> Medically needy level in Supplement 1 Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c above (i.e, for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a)</p>

State: Maryland

Citation	Condition or Requirement
<u> </u>	Amount for maintenance of home is : <u> </u> .
<u> X </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u>350</u> .
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
<u> </u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</u></p>

MD-13-0020-MM1 superceded all language in this section related to AFDC recipients, pregnant women, infants and children.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r) (2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>_____ (a) The methods under the State's approved AFDC plan only; or</p> <p>X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6A.</p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e) (6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.721
435.831, and
1902(m)(1)(B)
(m)(4) and
1902(r)(2)
of the Act

b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:

 The methods of the SSI program only.

 X The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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State: Maryland

Citation	Condition or Requirement
<input type="checkbox"/>	For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> ; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
<input type="checkbox"/>	For institutional couples, the methods specified under section 1611(e)(5) of the Act.
<input type="checkbox"/>	For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
<input type="checkbox"/>	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- — SSI methods only. — SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . — Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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State: MARYLAND

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used:</p> <p>_____ The methods of the SSI program only.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p>_____ For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p>_____ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p>_____ SSI methods only.</p> <p>_____ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>_____ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

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Citation

Condition or Requirement

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721,
and 435.831
1902(m)(1)(B),
(m)(4), and
1902(r)(2)
of the Act

- d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

_____ The methods of the SSI program.

X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

_____ For institutional couples: the methods specified under section 1611(e)(5) of the Act.

_____ For optional State Supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

_____ For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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Citation	Condition or Requirement
—	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
—	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
MD-13-0020-MM1 removed references to income of parents and pregnant women from C.1.e(2).	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60 th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: ____ The methods of the SSI program only. <u>X</u> SSI methods and/or any more liberal method than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> ____ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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State: Maryland

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

- g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

- (2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

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State/Territory: Maryland

Citation	Condition or Requirement
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1902(u)
of the Act

(h) COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

_____ The disregards of the SSI program;

_____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

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Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII) of the Act	<p>(i) <u>Working Individuals With Disabilities -BBA</u></p> <p>In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:</p> <ul style="list-style-type: none">_____ The methodologies of the SSI program._____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and Supplement 5 (resources) to Attachment 2.6-A._____ The agency uses more liberal income and/or resource than the SSI program. More liberal methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

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Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities -
Basic Coverage Group - TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, The following standards and methodologies are applied:

☐ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

☒ The agency applies the following income and/or resource standard(s):

The total countable earned and unearned net income is 300% of FPL.

Countable resources attributed to the assistance unit may not exceed \$10,000.

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State/Territory: Maryland

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<u>Income Methodologies</u> In determining whether an individual meets the income standard described above, the agency uses the following methodologies. <input type="checkbox"/> The income methodologies of the SSI program. <input type="checkbox"/> The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6 – A. <input checked="" type="checkbox"/> The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

TN No. 09-03
Supersedes
TN No. New

Approval Date: **MAR 31 2009** Effective Date: October 1, 2008

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OMB No.:

State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

☐ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

☒ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

TN No. 09-03

Supersedes

TN No. New

Approval Date: MAR 31 2009 Effective Date: October 1, 2008

Revision:

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State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XV) of the Act (cont.)

☐ The agency does not disregard funds in retirement accounts.

☒ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

☐ The agency uses the resource methodologies of the SSI Program.

☐ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

TN No. 09-03

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State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act

(ii) Working Individuals with Disabilities -
Employed Medically Improved Individuals -
TWWIIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

☐ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

☐ The agency applies the following income and/or resource standard(s):

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Page 12i

State/Territory: Maryland

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p><u>Income Methodologies</u></p> <p>In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <p>_____ The income methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</p> <p>_____ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.</p>

TN No. 09-03
Supersedes
TN No. New

Approval Date MAR 31 2009 Effective Date: October 1, 2008

Revision:

ATTACHMENT 2.6-A
Page 12j

State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items are checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

_____ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

_____ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

TN No. 09-03

Supersedes

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State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) of the Act (cont.)

- _____ The agency does not disregard funds in retirement accounts.
- _____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
- _____ The agency uses the resource methodologies of the SSI Program.
- _____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

TN No. 09-03
Supersedes
TN No. New

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Page 12I

State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)
(ii)(XVI) and 1905(v)(2)
of the Act.

Definition of Employed – Employed Medically
Improved Individuals – TWWIIA

_____ The agency uses the statutory definition
of “employed”, i.e., earning at least the
minimum wage, and working at least 40
hours per month.

_____ The agency uses an alternative
definition of “employed” that provides for
substantial and reasonable threshold
criteria for hours of work, wages, or
other measures. The agency’s
threshold criteria is described below:

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Page 12m

State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)(ii)(XIII)
(XV), (XVI), and 1916(g)
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group
described in No. 23 on page 23e of Attachment 2.2-A:

_____ The agency requires payment of premiums or
other cost-sharing charges on a sliding scale
based on income. The premiums or other
cost-sharing charges, and how they are
applied are described below:

TN No. 09-03

Supersedes

TN No. New

Approval **MAR 31 2009** Effective Date October 1, 2008

Revision:

ATTACHMENT 2.6-A
Page 12n

State/Territory: Maryland

Citation

Condition or Requirement

1902(a)(10)(A)(ii)
(XIII), (XV), and 1916(g)
of the Act (cont.)

For individuals eligible under the Basic Coverage
Group described in No. 24 on page 23e of
Attachment 2.2-A:

NOTE: Regardless of the option selected below, the
agency MUST require that individuals whose annual
adjusted gross income, as defined under IRS statute,
exceeds \$75,000 pay 100 percent of premiums.

X The agency requires individuals to pay
premiums or other cost-sharing charges on a
sliding scale based on income. For individuals
with net annual income below 450 percent of
the Federal poverty level for a family of the size
involved, the amount of premiums cannot
exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges,
and how they are applied are described on
page 12o.

TN No. 09-03
Supersedes
TN No. New

Approval Date: **MAR 31 2009** Effective Date: October 1, 2008

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Page 12o

State/Territory: Maryland

Citation

Condition or Requirement

Sections 1902(a)(10)(A)
(ii)(XV), and 1916(g)
of the Act (cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.

There are four income tiers for Employed Individuals with Disabilities. There is no premium amount for income which is at or below 100% of FPL; a monthly premium of \$25 applied to income above 100% FPL but at or below 200% ; a monthly premium of \$40 applied to income above 200% FPL but at or below 250% FPL ; and a monthly premium of \$55 for income above 250% but at or below 300% FPL.

TN No. 09-03

Supersedes Approval Date: 2-1-2009 Effective Date: October 1, 2008

TN No. New

State: Maryland

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. <u>Medically Needy</u> (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either ____ or <u>6</u> month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan. (c) Expenses for necessary medical and remedial care included in the plan. ____ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-11
Supersedes
TN No. _____

Approval Date

JUN 05 1992

Effective Date NOV 01 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

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State/Territory: Maryland

Citation	Condition or Requirement
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1903(f)(2) of the Act	a. <u>Medically Needy (Continued)</u> (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
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TN No. 93-8
Supersedes
TN No.

Approval Date APR 19 1993

Effective Date OCT 01 1992

HCFA ID: 7985E/

State: Maryland

Citation	Condition or Requirement
42 CFR 435.732	<p>b. Categorically Needy - Section 1902 (f) States</p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none">(1) Any SSI benefit received.(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

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TN No. _____

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October 1991

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State/Territory: Maryland

Citation	Condition or Requirement
	4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued

1903(f)(2) of
the Act

 (6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent a State is
paid a spenddown payment by the individual.

TN No. 93-8
Supersedes
TN No.

APR 19 1993
Approval Date

OCT 01 1992
Effective Date

HCFA ID: 7985E/

State: Maryland

Citation	Condition or Requirement
5. <u>Methods for Determining Resources</u>	
a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u>	
(1)	In determining countable resources for AFDC-related individuals, the following methods are used:
(a)	The methods under the State's approved AFDC plan; and
<input checked="" type="checkbox"/> (b)	The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
(2)	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-11
Supersedes
TN No. _____

Approval Date _____

Effective Date NOV 01 1991

HCFA ID: 7985E

JUN 05 1992

Revision: HCFA-PM-91-4 (BPD)
August 1991

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State: Maryland

Citation

Condition or Requirement

5. Methods for Determining Resources

1902 (a) (10) (A),
1902 (a) (10) (C),
1902 (m) (1) (B)
and (C), and
1902 (r)
of the Act

- b. Aged individuals. For aged individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act, the agency used the following methods for treatment of resources:

 The methods of the SSI program.

 X SSI methods and/or any more liberal methods described in Supplement 8a and 8b to ATTACHMENT 2.6-A

 Methods that are more restrictive (except for individuals described in section 1902 (m) (1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 02-6

Supersedes

Approval Date: MAR 22 2002

Effective Date: OCT 1, 2001

TN No: 92-26

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

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State: Maryland

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902 (a) (10) (A)
1902 (a) (10) (C)
1902 (m) (1) (B), and
1902 (r) of the Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

 The method of the SSI program.

 X SSI methods and/or any more liberal methods described in Supplement 8a and 8b to ATTACHMENT 2.6-A.

 Methods that are more restrictive and/or more liberal than those of the SSI program.. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 02-6.

Supersedes

Approval Date:

MAR 22 2002

Effective Date:

OCT 1, 2001

TN No. 92-26

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

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Citation

Condition or Requirement

1902 (a) (10) (A),
1902 (a) (10) (C),
1902 (m) (1) (B),
and (C), and
1902 (r) (2) of the Act

d. Disabled individuals, including individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act. The agency uses the following methods for the treatment of resources:

 The methods of the SSI program.

 X SSI methods and/or any more liberal methods described in Supplement 8a and 8b to ATTACHMENT 2.6-A.

 Methods that are more restrictive (except for individuals described in section 1902 (m) (1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902 (1) (3)
and 1902 (r) (2)
Act.
of the Act

~~e. Poverty level pregnant women covered under sections 1902(a) (10) (A) (i) (IV) and 1902 (a) (10) (A) (ii) (IX) (A) of the~~

~~The agency uses the following methods in the treatment of resources.~~

~~The methods of the SSI program only.~~

~~X The methods of the SSI program and/or any more liberal methods described in Supplement 8a or Supplement 8b to ATTACHMENT 2.6 A.~~

MD-13-0020-MM1 superseded
section C.5.e

TN No. 02-6

MAR 22 2002

Supersedes

Approval Date: _____

Effective Date: OCT 1, 2001

TN No. 92-26

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

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State/Territory: Maryland

Citation	Condition or Requirement
1905 (p) (1) (C) and (D) and 1902 (r) (2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act</u> the agency uses the following methods for treatment of resources: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8a and 8b to ATTACHMENT 2.6-A.</u>
1905 (s) of the Act	i. For qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902 (u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: <input type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> More restrictive methods applied under section 1902 (f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u>

TN No. 02-6

Supersedes

Approval Date: **MAR 22 2002** Effective Date: OCT, 2001

TN No: 93-8

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

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Citation	Condition or Requirement
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6. Resource Standard - Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

X Same as SSI resource standards.

___ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 93-8

Supersedes

Approval Date

APR 19 1993

Effective Date

OCT 01 1992

TN No. _____

HCFA ID: 7985E

State: Maryland

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	<p>e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:</p> <p><u>X</u> Same as SSI resource standards.</p> <p>— Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.</u></p> <p>f. Section 1924 provisions. Resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.</p>

TN No. 93-3
Supersedes
TN No. 92-11

Approval Date SEP 16 1992

Effective Date JUL 01 1992

HCFA ID: 7985E

State: Maryland

Citation	Condition or Requirement
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7. Resource Standard – Medically Needy

- a. Resource standards are based on family size.
- 1902(a)(10)(C)(i)
of the Act
- b. A single standard is employed in determining resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for –
- ___ Aged
___ Blind
___ Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.

1902(a)(10)(E),
1905(p)(1)(D), 1905(p)(2)(B)
and 1860D-14(a)(3)(D)
of the Act

8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

JUN 25 2010

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Revision:

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State: Maryland

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D)	9. Resource Standard – Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	9.1. For COBRA continuation beneficiaries, the resource standard is: ____ Twice the SSI resource standard for an individual. ____ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A.</u>

JUN 25 2010

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AUGUST 1991

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State: Maryland

Citation	Condition or Requirement
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10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

☒ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

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JUN 05 1992

Effective Date

NOV 01 1991

HCFA ID: 7985E

State: Maryland

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. ___ Aged, blind, disabled. ___ AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.

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FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<u>X</u> (3) For a presumptive eligibility for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the state agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- <u>X</u> 12 months ___ 6 months ___ months (no less than 6 months and no more than 12 months)

MD-130020-MM1 superseded
section 11.a(3)

TN No. 93-1

Supersedes

TN No. 92-11

Approval Date

SEP 16 1992

Effective Date

OCT 01 1992

Location	Condition or Requirement
1902(a)(18) and 1902(f) of Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>— The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p>— The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

State: Maryland

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>_____ the maximum standard permitted by law;</p> <p><u> X </u> the minimum standard permitted by law; or</p> <p><u> \$ </u> a standard that is an amount between the minimum and the maximum.</p>



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- ☒ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ☐ The pregnant woman is counted just as herself.
- ☐ The pregnant woman is counted as herself, plus one.
- ☒ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ☒ Current monthly household income and family size
- ☐ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☒ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☒ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- ☐ Yes ☒ No

Modified Adjusted Gross Income (MAGI) Conversion Plan

This MAGI Conversion Plan is being submitted to CMS by **Maryland** as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards.¹ The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

Eligibility and FMAP claiming conversions. States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf>.

Note about Income Eligibility Conversions and State Plan Amendments: Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum allowed and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

- ☐ **Option 1 – Standardized Methodology with SIPP data**
Attach Excel spreadsheet with finalized SIPP results of eligibility and FMAP conversions to this cover page and submit to incomeconversion@cms.hhs.gov.
- ☒ **Option 2 – Standardized Methodology with State data**
Please follow the instructions below and submit this plan to incomeconversion@cms.hhs.gov.
- ☐ **Option 3 – State proposed Alternative Method**
Please follow the instructions below and submit this plan to incomeconversion@cms.hhs.gov.

¹ SHO letter available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>

	Part 1 – Conversions for Eligibility		Part 2 – Conversions for FMAP Claiming	
	Pages to Complete	Due Date	Pages to Complete	Due Date
Standardized Methodology	Page 1	May 31, 2013	Page 1	August 1, 2013
Standardized Methodology with State Data	Page 3-10	April 30, 2013	Pages 13-18	August 1, 2013
Alternative Methodology	Page 3-12	April 30, 2013	Pages 13-18	August 1, 2013

**Standardized Methodology with State Data Method
and
Alternative Method:**

Please provide a state contact who can answer questions about the conversion plan, data, and methods:

Name: Alice Middleton Title: Deputy Director, Planning Administration, Health Care Financing, DHMH

E-mail: alice.middleton@maryland.gov Phone: 410-767-3419

Supplemental Information: In addition to the information provided in the attached MAGI Conversion Plan, during the review and approval process, CMS may determine that supplemental information regarding the income conversion results is necessary. If CMS determines that a supplemental review of these results is necessary, your state may be required to submit:

- Descriptive statistics of the data used. Such descriptive statistics could include for each eligibility group converted with state data:
 - Net income statistics and disregard statistics for the full population or sample and for the population used in conversion (e.g., the 25% band) including: Total N, Mean Net Income, Standard Deviation of Mean Net Income, Median Net Income, and Number of individuals with Positive Net Income
- Data files used for conversion
- Annotated programming code used in the analysis

PART 1: ELIGIBILITY CONVERSIONS- TABLE 1 – DUE APRIL 30, 2013

For States Using
Standardized Methodology with State Data
Or
Alternative Method

Please fill out Table 1 below to provide CMS with information about how state data were used for MAGI income conversion. All cells in rows for eligibility groups that do not have a converted income standard in your state (for example, if your state does not cover independent foster care adolescents or does not apply an income standard to this group) should be marked "N/A."

Instructions for Table 1:

SIPP results used: Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results.² Please list the group below (e.g., pregnant women) and an explanation of why the SIPP results are being used for this eligibility group (e.g., data unavailable). Attach additional pages if necessary. Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used.

Maryland is using state data for coverage groups where data is reliable, available, and where it will have an impact on our Medicaid program after January 1, 2014. These groups are children ages 1 to 5, optional reasonable classifications of individuals under age 21, and parents under section 1931. For all other groups, Maryland is using SIPP results. The following groups will be converted using SIPP data:

- Pregnant women, full benefits – The sample size in our P11 coverage group (pregnant women 200% FPL – 250% FPL) only contains approximately 500 enrollees in any given month. Due to the small sample size and concerns about reliability, we will be using SIPP data.
- Family planning services – Maryland's Family Planning eligibility system of record is outside of CARES and the data was not readily available.
- Other Medicaid section 1115 demonstration (e.g., childless adults) – Maryland's childless adult (Primary Adult Care program or PAC) system of record is outside of CARES and the data was not readily available. Also, because Maryland will be expanding, all

² If SIPP results include conversions for applicants and beneficiaries, both should be included.

of these childless adults will be considered newly eligible beginning January 1, 2014. This conversion will not have an impact on the Maryland Medicaid program.

- AFDC payment standard 7/16/1996 – While this data is available in our CARES system, this conversion will not have an impact on the Maryland Medicaid program because Maryland currently covers parents up to 116% FPL.
- Children under age 1, children ages 6 to 18, M-CHIP optional targeted low-income children (non-premium) & M-CHIP premium – Due to significant differences with the results from our state data conversion and the SIPP results, SIPP data will be used.

For all conversions using state data, please provide the following information:

Time period-Specify the time period of data that was used, for example, June 2011-May 2012. If a time period other than 12 months was used, please explain why below and summarize the methods used to determine that the time period is unbiased. Attach additional pages if necessary:

A full year of data were used for all conversions (January 2012 – December 2012).

Sampling: Please mark this column yes or no. If yes (in other words, the analysis did not include all records in the eligibility group), please provide a detailed explanation below of the sampling approach that was used (i.e., simple random sample, stratified sample, etc.). Please also provide information about the total population and the number of records sampled. Attach additional pages if necessary.

Net income standard- Please fill in the net standard that was converted for each eligibility group. This should reflect the bolded standard from the eligibility template that you developed with CMS. For conversions that were based on fixed dollar thresholds, please specify the net standard for each family size. You may use fewer or more family sizes than indicated in Table 1.

For 1115 demonstrations, please enter a row for each MAGI-included 1115 demonstration group, specifying whether its Medicaid or S-CHIP.

Income band used in conversion-This column is applicable only for the State Data method and should reflect the net standard minus 25 percentage points of FPL. For example, if the net standard was 120% FPL, the income band used in conversion would be 95% FPL to 120% FPL. For standards at or below 25% FPL, the income band will include all records—e.g., for a net standard of 18% FPL, the

income band used in conversion should be 0-18% FPL. For conversions of fixed dollar thresholds , please specify the income band (expressed as a percentage of FPL) for each family size.³

Converted standard for applicants-Please fill in the converted standard for applicants. Fixed dollar standards should be given in dollars for each family size.

Converted standard for beneficiaries (if relevant)- If your state applies different disregards based on whether someone is applying or being renewed for coverage, and you are doing a separate conversion for beneficiaries, please provide. Fixed dollar standards should be given in dollars for each family size.

Special note for premium payment groups: if your state charges premiums for any eligibility group, you will need to attach a separate sheet showing the MAGI Conversion Plan information requested for each income level used to determine premium payments.

³ See page 15 of *How States Can Implement the Standardized Modified Adjusted Gross Income (MAGI) Conversion Methodology from State Medicaid and CHIP Data* for more information on converting fixed dollar standards to FPL.
<http://aspe.hhs.gov/health/reports/2013/MAGIHowTo/rb.cfm>.

Table 1

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Parents and other caretaker relatives (mandatory under Section 1931)	No	CY 2012, January to December	No	% FPL <u>116%</u>	% FPL <u>91% to 116%</u>	% FPL <u>123%</u>	N/A
Parents and other caretaker relatives (optional under 1902(a)(10)(A)(ii)(I))	N/A	N/A	N/A			N/A	N/A
Pregnant women, full benefits	Yes			% FPL <u>250%</u>		% FPL <u>259%</u>	N/A
Pregnant women, pregnancy only coverage	N/A	N/A	N/A			N/A	N/A
Children under age 1	Yes			% FPL <u>185%</u>	%FPL	%FPL <u>194%</u>	N/A
Children ages 1 to 5	No	CY 2012, January to December	No	%FPL <u>133%</u>	%FPL <u>108% to 133%</u>	%FPL <u>138%</u>	N/A
Children ages 6 to 18	Yes			%FPL <u>100%</u>	%FPL	%FPL <u>109%</u>	N/A
M-CHIP optional targeted low-income children (non-premium)	Yes			%FPL <u>185% to 200% FPL</u>		% FPL <u>211%</u>	N/A
Optional reasonable classifications of individuals under age 21	No	CY 2012, January to December	No	% FPL <u>116%</u>	% FPL 91% to 116%	% FPL 123%	N/A
State adoption assistance	N/A	N/A	N/A			N/A	N/A

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Independent foster care adolescents	N/A	N/A	N/A			N/A	N/A
Family planning services	Yes			%FPL <u>200%</u>		% FPL <u>212%</u>	N/A
Individuals needing TB-related services	N/A					N/A	N/A
Other Medicaid section 1115 demonstration (e.g., childless adults)	Yes			Childless adults, <u>116% FPL</u>		% FPL <u>123%</u>	N/A
Separate CHIP • Children	N/A	N/A	N/A			N/A	N/A
Separate CHIP • Pregnant Women	N/A	N/A	N/A			N/A	N/A
Separate CHIP • Unborn child option	N/A	N/A	N/A			N/A	N/A
AFDC payment standard 5/1/1988	N/A	N/A	N/A	Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL by family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
AFDC payment standard 7/16/1996	Yes			Fixed dollar standards Family size 1 <u>\$165</u> 2 <u>\$292</u> 3 <u>\$373</u> 4 <u>\$450</u> 5 <u>\$521</u> 6 <u>\$573</u> 7 <u>\$645</u> 8 <u>\$709</u> 9 <u>\$766</u> 10 <u>\$826</u> 11 <u>\$886</u> 12 <u>\$946</u> 13 <u>\$1,004</u> 14 <u>\$1,063</u> 15 <u>\$1,124</u> 16 <u>\$1,184</u> Add-on for additional family members if relevant <u>\$61</u>	% FPL _____ or % FPL by Family size (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	Fixed dollar standards Family size 1 \$187 2 \$322 3 \$410 4 \$495 5 \$574 6 \$633 7 \$713 8 \$785 9 \$849 10 \$917 11 \$984 12 \$1,052 13 \$1,118 14 \$1,184 15 \$1,253 16 \$1,321 Add-on for additional family members if relevant \$68.70	Fixed dollar standards Family size 1 N/A 2 N/A 3 N/A 4 N/A 5 N/A 6 N/A 7 N/A 8 N/A 9 N/A 10 N/A 11 N/A 12 N/A 13 N/A 14 N/A 15 N/A 16 N/A Add-on for additional family members if relevant N/A
Premium payment determination	PLEASE ATTACH A SEPARATE SHEET SHOWING REQUESTED INFORMATION FOR EACH RELEVANT INCOME LEVEL USED TO DETERMINE PREMIUM PAYMENTS						

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Pre-CHIP Medicaid as of 3/31/97	Yes (<1, 6-18) State data used for 1-5	CY 2012, January to December	No	< age 1: 185% 1-5: 133% 6-13: 100% 14-18: 100%	1-5: 108-133%	< age 1: 194% 1-5: 138% 6-13: 109% 14-18: 109%	N/A
Premium Payment Determination M-CHIP, 200 to 250% FPL M-CHIP, 251 to 300% FPL	Yes			200% FPL to 250% FPL 251 to 300% FPL		Lower bound: 212% FPL Middle bound: 264% FPL Upper bound: 317% FPL Resulting bands: 212 to 264% FPL; 265 to 317% FPL	N/A

PART 1: ELIGIBILITY CONVERSIONS**Alternative Method, additional information**

Please provide a summary of the alternative method and data source or sources used for income conversion, including how the method differs from the Standardized MAGI Conversion Methodology specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Income Conversion. Please include equations showing how the method is applied mathematically and a description of how fixed dollar standards were converted, if relevant. Attach additional pages if necessary.

Please provide a description below of how your method meets the criteria specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Conversion: unbiased, accuracy, precision, and data quality. Attach additional pages if necessary. More detailed information about these criteria is available in the ASPE issue brief *Modified Adjusted Gross Income (MAGI) Income Conversion Methodologies*.⁴

Unbiased: Across all eligibility categories, the method does not systematically increase or decrease the number of eligible individuals within a given eligibility group or systematically increase or decrease the costs to states.

Accuracy: To the extent possible, the method minimizes changes in eligibility status by minimizing losses and gains in eligibility for a given category of coverage.

⁴ See [http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20\(March%202013\).pdf](http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20(March%202013).pdf).

Precision: The converted standard must be stable and repeatable. In other words, if the methodology to arrive at the converted standard were repeated, it would arrive at the same result. For example, if a sampling methodology is used, the sample size must be large enough to ensure that the conversion method, if calculated on another sample, would in general yield the same converted standard.

Data quality: The data used are representative of the income and disregards of the population so as not to bias the converted standard due to poor data quality. _____



Medicaid Eligibility

☐ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

☐ Age 19

☒ Age 19, or in the case of full-time students, age 21

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 0938-1148. 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.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard



Medicaid Eligibility

	Household size	Standard (\$)	
+	1	187	X
+	2	322	X
+	3	410	X
+	4	495	X
+	5	574	X
+	6	633	X
+	7	713	X
+	8	785	X
+	9	849	X
+	10	917	X
+	11	984	X
+	12	1,052	X
+	13	1,118	X
+	14	1,184	X
+	15	1,253	X
+	16	1,321	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
☐ Standard varies by region



Medicaid Eligibility

☐ Standard varies by living arrangement

☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	165	X
+	2	292	X
+	3	373	X
+	4	450	X
+	5	521	X
+	6	573	X
+	7	645	X
+	8	709	X
+	9	766	X
+	10	826	X
+	11	886	X
+	12	946	X
+	13	1,004	X
+	14	1,063	X
+	15	1,124	X
+	16	1,184	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increments Option S13a



Medicaid Eligibility

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes ☐ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes ☐ No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes ☐ No



Medicaid Eligibility

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way



Medicaid Eligibility

The dollar amounts increase automatically each year

☐ Yes ☐ No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☒ Yes ☐ No

☒ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☒ A qualified hospital is a hospital that:

☒ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

☒ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

☒ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

☒ Pregnant Women

☒ Infants and Children under Age 19

☒ Parents and Other Caretaker Relatives

☒ Adult Group, if covered by the state

☒ Individuals above 133% FPL under Age 65, if covered by the state

☒ Individuals Eligible for Family Planning Services, if covered by the state

☒ Former Foster Care Children

☒ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

☒ Yes ☐ No

Select one or both:

- ☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

- 1) 90 percent of all approved HPE applicants submit a full MA application no later than the last day of the month following the month during which the HPE determination is made
- 2) 90 percent of the time the Hospital's determination that applicants did not receive temporary coverage within the past 12 months is correct.
- 3) 90 percent of the time the Hospital's determination that the applicants do not have current Medicaid/CHIP is correct

- ☐ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

- ☒ The presumptive period begins on the date the determination is made.

- ☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- ☒ Periods of presumptive eligibility are limited as follows:

- ☐ No more than one period within a calendar year.
- ☐ No more than one period within two calendar years.
- ☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

☒ Yes ☐ No

- ☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.



Medicaid Eligibility

☐ The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

☐ being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☐ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

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 0938-1148. 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.



Medicaid Eligibility

☐ There is no resource test for this eligibility group.

☐ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

PRA Disclosure Statement

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Medicaid Eligibility

State Name: Maryland

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

☒ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

☒ Yes ☐ No

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

☐ Yes ☐ No

☒ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant

☒ women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

☐ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- ☒ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 185% FPL

The amount of the maximum income standard is: % FPL

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard
- ☐ Another income standard in-between the minimum and maximum standards allowed.

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

- ☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- ☒ Yes ☐ No

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.



Medicaid Eligibility

☒ Yes ☐ No

- ☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

- ☒ The woman must be pregnant
- ☒ Household income must not exceed the applicable income standard at 42 CFR 435.116.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



Medicaid Eligibility

- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	State & Local Correctional Facilities	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services (DPSCS) and local detention centers within the State's 24 local jurisdictions.	X

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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V.20160722



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Infants and Children under Age 19

S30

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

- ☒ **Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Children qualifying under this eligibility group must meet the following criteria:

☒ Are under age 19

☒ Have household income at or below the standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for infants under age one

☒ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL): % FPL

☒ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

An attachment is submitted.

The state's maximum income standard for this age group is:

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 185% FPL

Enter the amount of the maximum income standard: % FPL

☒ Income standard chosen

The state's income standard used for infants under age one is:

☒ The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard



Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

- ☒ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: % FPL

☒ Income standard chosen

The state's income standard used for children age one through five is:

- ☒ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

- ☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☒ 133% FPL

☒ Income standard chosen

The state's income standard used for children age six through eighteen is:



Medicaid Eligibility

☒ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

- ☐ 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

- ☐ 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and

- ☐ if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and

- ☐ if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

- ☐ Yes ☒ No

PRA Disclosure Statement

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Medicaid Eligibility

State Name: Maryland

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ Under age 19, or

☒ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☐ Under age 20

☒ Under age 21

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☒ Yes ☐ No

TN: 17-0003

Approved Date: 07/18/2017

Effective Date: 07/01/2017

Superseding TN:13-0020 MM1



Medicaid Eligibility

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

☐ No more than one period within a calendar year.

☐ No more than one period within two calendar years.

☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

☒ Yes ☐ No

☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual must meet the categorical requirements of 42 CFR 435.119.

☒ Household income must not exceed the applicable income standard described at 42 CFR 435.119.

☒ State residency.

☒ Citizenship, status as a national, or satisfactory immigration status.

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act



Medicaid Eligibility

- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	State & Local Correctional Facilities	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services (DPSCS) and local detention centers within the State's 24 local jurisdictions.	X

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
- ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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V.20160722



Medicaid Eligibility

State Name: Maryland

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- ☐ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

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

☐ Are under age 26.

☐ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☐ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☐ Yes ☒ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☒ Yes ☐ No

☐ The presumptive period begins on the date the determination is made.

☐ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☐ Periods of presumptive eligibility are limited as follows:

☐ No more than one period within a calendar year.

☐ No more than one period within two calendar years.

☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ Other reasonable limitation:



Medicaid Eligibility

	Name of limitation	Description	
+			X

The state requires that a written application be signed by the applicant or representative.

☒ Yes ☐ No

☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual must meet the categorical requirements of 42 CFR 435.150.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



Medicaid Eligibility

☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<input checked="" type="checkbox"/>	State & Local Correctional Facilities <input checked="" type="checkbox"/>	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

☒ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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V.20160722



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S50
Individuals above 133% FPL	
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S51
Optional Coverage of Parents and Other Caretaker Relatives	
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage

Reasonable Classification of Individuals under Age 21

S52

42 CFR 435.222

1902(a)(10)(A)(ii)(I)

1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:

☒ Be under age 21, or a lower age, as defined within the reasonable classification.

☒ Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.

☒ Not be eligible and enrolled for mandatory coverage under the state plan.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☒ Yes ☐ No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☐ Yes ☒ No

Reasonable Classifications Previously Covered

The state elects the option to include in this eligibility group reasonable classifications that were covered under the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state covers all children under a specified age limit, no higher than any age limit and/or income standard covered in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, provided the income standard is higher than the current mandatory income standard for the individual's age.

Higher income standards may include the disregard of all income.

☐ Yes ☒ No



Medicaid Eligibility

The state covers reasonable classifications of children that were covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

☒ Yes ☐ No

The previously covered reasonable classifications to be included are:

Previously Covered Reasonable Classifications Included

Reasonable Classifications of Children				S11
<input type="checkbox"/>	Individuals for whom public agencies are assuming full or partial financial responsibility.			
<input type="checkbox"/>	Individuals in adoptions subsidized in full or part by a public agency			
<input type="checkbox"/>	Individuals in nursing facilities, if nursing facility services are provided under this plan			
<input type="checkbox"/>	Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan			
<input checked="" type="checkbox"/>	Other reasonable classifications			
	Name of classification	Description	Age Limit	
+	Pregnant teens	Pregnant teens	Under age 18	X

Enter the income standard used for these classifications (which may be no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

[Click here once S11 form above is complete to view the income standards form.](#)

Pregnant teens

☒ Income standard used

☒ Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

☒ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state's maximum standard for this classification of children is no income test (all income is disregarded).



Medicaid Eligibility

☒ Income standard chosen

Individuals qualify under this classification under the following income standard:

- ☒ This classification does not use an income test (all income is disregarded).
- ☐ Another income standard higher than the minimum income standard.

New reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

- ☐ Yes ☒ No

- ☒ There is no resource test for this eligibility group.

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227
1902(a)(10)(A)(ii)(VIII)

Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

☒ The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

☒ Are under the following age (see the Guidance for restrictions on the selection of an age):

☒ Under age 21

☐ Under age 20

☐ Under age 19

☐ Under age 18

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ Income standard used for this eligibility group

☒ Minimum income standard

The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

☐ Maximum income standard



Medicaid Eligibility

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☐ No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

☒ The Medicaid state plan as of March 23, 2010.

☒ The Medicaid state plan as of December 31, 2013.

☐ A Medicaid 1115 Demonstration as of March 23, 2010.

☐ A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

☐ Income standard chosen

Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:

This eligibility group does not use an income test (all income is disregarded).

☐ There is no resource test for this eligibility group.

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

- ☒ Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- ☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.

☒ Individuals are covered under this eligibility group, as follows:

☒ All children under age 18 or 19 are covered:

☒ Under age 19

☐ Under age 18

☐ The reasonable classification of children covered is:

☒ Income standard used for this classification

☒ Minimum income standard

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

☐ Maximum income standard



Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standard(s) for this ☒ classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- ☒ The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 200% FPL.
- ☐ A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- ☒ The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

317 % FPL

- ☒ Income standard chosen, which must exceed the minimum income standard

Individuals qualify under the following income standard:

- ☒ The maximum income standard.
- ☐ The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.



Medicaid Eligibility

- If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the
- ☐ FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
 - ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard for this eligibility group is: % FPL

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage

Individuals with Tuberculosis

855

1902(a)(10)(A)(ii)(XII)

1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

☐ Yes ☒ No

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents

S57

42 CFR 435.226
1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

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

☒ Are under the following age

☒ Under age 21

☐ Under age 20

☐ Under age 19

☒ Were in foster care under the responsibility of a state on their 18th birthday.

☒ Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.

☒ Have household income at or below a standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):

☒ All children under the age selected

☐ A reasonable classification of children under the age selected:

☒ Income standard used for this eligibility group

☒ Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.



Medicaid Eligibility

☒ Maximum income standard

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

- ☐ The Medicaid state plan as of March 23, 2010.
- ☒ The Medicaid state plan as of December 31, 2013.
- ☐ A Medicaid 1115 demonstration as of March 23, 2010.
- ☐ A Medicaid 1115 demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

☒ Income standard chosen

Individuals qualify under this eligibility group under the following income standard:

- ☐ The minimum standard.
- ☒ This eligibility group does not use an income test (all income is disregarded).
Another income standard higher than both the minimum income standard and the effective income level
- ☐ for independent foster care adolescents in the Medicaid state plan as of March 23, 2010, converted to a MAGI equivalent.

☒ There is no resource test for this eligibility group.

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency

S88

42 CFR 435.403

State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - ☐ Intends to reside in the state, including without a fixed address, or
 - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - ☐ Residing in the state, with or without a fixed address, or
 - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or



Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama | <input checked="" type="checkbox"/> Illinois | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Rhode Island |
| <input checked="" type="checkbox"/> Alaska | <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Nevada | <input checked="" type="checkbox"/> South Dakota |
| <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> Tennessee |
| <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> Texas |
| <input checked="" type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Maine | <input type="checkbox"/> New York | <input checked="" type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota | <input checked="" type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> West Virginia |
| <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input checked="" type="checkbox"/> Idaho | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Pennsylvania | |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☐ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☒ Other type of individual

	Name of Type	Description	
+	Interstate Adoptions	Children subject to adoption agreements formed in other states or to move another state.	X

The state has a policy related to individuals in the state only to attend school.

☐ Yes ☒ No

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.



Medicaid Eligibility

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

Provide a description of the definition:

Maryland students who are studying out of state have the option of applying as residents in MD using their permanent MD home address.

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 0938-1148. 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.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility

Citizenship and Non-Citizen Eligibility

S89

1902(a)(46)(B)
8 U.S.C. 1611, 1612, 1613, and 1641
1903(v)(2),(3) and (4)
42 CFR 435.4
42 CFR 435.406
42 CFR 435.956

Citizenship and Non-Citizen Eligibility

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42

- ☒ CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

- ☐ The state provides Medicaid eligibility to otherwise eligible individuals:

- ☐ Who are citizens or nationals of the United States; and

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity

- ☐ Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or

- ☐ satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

☒ Yes ☐ No

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

☒ Yes ☐ No

The date benefits are furnished is:

- ☐ The date of application containing the declaration of citizenship or immigration status.
☐ The date the reasonable opportunity notice is sent.

- ☒ Other date, as described:

The first day of the month in which the application is received and contains the declaration of citizenship or immigration status.



Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

☒ Yes ☐ No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

☒ Yes ☐ No

☒ Pregnant women

☒ Individuals under age 21:

☒ Individuals under age 21

☐ Individuals under age 20

☐ Individuals under age 19

☒ An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

☒ An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
 - ☒ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - ☒ Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - ☒ Granted employment authorization under 8 CFR 274a.12(c);
 - ☒ Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - ☒ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - ☒ Granted Deferred Action status;
 - ☒ Granted an administrative stay of removal under 8 CFR 241;
 - ☒ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who -
 - ☒ Has been granted employment authorization; or
 - ☒ Is under the age of 14 and has had an application pending for at least 180 days;



Medicaid Eligibility

6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

☒ The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

☒ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☒ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

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 0938-1148. 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.

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 3a
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME ELIGIBILITY LEVELS (continued)

2. Individuals who are in institutions for at least 30 consecutive days and who are described at 42 CFR 435.236, 1902(a)(10)(A)(ii)(V) of the Act are eligible under a special income level equal to 300 percent of the Supplemental Security Income payment standard.

TN No. 99-4

Supersedes

TN No. New

Approval Date APR 06 1999

Effective Date 1999

HCFA ID: 7985E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

C. INCOME ELIGIBILITY LEVELS - OPTIONAL GROUP OF QUALIFIED MEDICARE
BENEFICIARIES WITH INCOMES UP TO FEDERAL POVERTY LINE

The levels for determining income eligibility for groups of qualified
Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the
Act are as follows:

Based on _____ percent of the official Federal nonfarm income poverty line:

TN No. 88-1
Supersedes
TN No. _____

Approval Date JUL 15 1988

Effective Date JUL 01 1987

HCFA ID: 1038P/0015P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 93-1
Supersedes
TN No. 92-11

Approval Date

SEP 16 1992

Effective Date

JUL 01 1992

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☒ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1990: ☒ 90 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

1
2

Income Levels

\$ 6,970
\$ 9,430

TN No. 93-22

Supersedes

TN No. 92-11

Approval Date

APR 28 1993

Effective Date

JAN 01 1993

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME LEVELS (continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

 Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.100	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.100
<u> </u> urban only				
<u>X</u> urban & rural				
1	\$ 350	\$	\$	\$
2	\$ 392	\$	\$	\$
3	\$ 434	\$	\$	\$
4	\$ 475	\$	\$	\$

-For each additional person add:

- 1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 95-2

Supersedes

TN No. ~~94-1~~ 94-1

Approval Date OCT 14 1994

Effective Date JUL 6 1 1994

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 9

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME LEVELS (continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.100	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.100
<u> </u> urban only				
<u>X</u> urban & rural				
5	\$ 521	\$	\$	\$
6	\$ 573	\$	\$	\$
7	\$ 645	\$	\$	\$
8	\$ 709	\$	\$	\$
9	\$ 766	\$	\$	\$
10	\$ 826	\$	\$	\$

-For each additional person add:

61

- 1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 15-2
Supersedes
TN No.

Approval Date OCT 14 1994

Effective Date JUL 01 1994
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

4. Aged and Disabled Individuals

☐ Same as SSI resource levels.

☐ More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

☒ Same as medically needy resource levels (applicable only if State has a medically needy program)

JUN 05 1992

TN No. 92-11 Approval Date _____ Effective Date NOV 01 1991
Supersedes _____
TN No. _____

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

☒ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>\$2,500</u>
<u>2</u>	<u>\$3,000</u>
<u>3</u>	<u>\$3,100</u>
<u>4</u>	<u>\$3,200</u>
<u>5</u>	<u>\$3,300</u>
<u>6</u>	<u>\$3,400</u>
<u>7</u>	<u>\$3,500</u>
<u>8</u>	<u>\$3,600</u>
<u>9</u>	<u>\$3,700</u>
<u>10</u>	<u>\$3,800</u>
For each additional person	<u>\$ 100</u>

TN No. 92-11 **JUN 05 1992**
Supersedes _____ Approval Date _____ Effective Date **NOV 01 1991**
TN No. _____
HCFA ID: 7985E

Revision: HCFA-PM-85-3
May 1985

(BERC)

Supplement 3 to Attachment 2.6-A
Page 1
OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Disallow as a deduction any amount of medical expenses for dates of service before the retroactive period associated with the month of Medical Assistance application. For medical expenses incurred during a period of eligibility, the income adjustment is limited to the Medical Assistance fees in effect on the date of service. If no Medical Assistance fee exists, the income adjustment will be for actual charges.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

TN No. 06-13
Supersedes
TN No. 04-27

Approval Date MAR 06 2007 Effective Date JULY 1, 2006

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 4 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

TN No. 92-11 Approval Date JUN 05 1992 Effective Date JUL 01 1991
Supersedes _____
TN No. _____
HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 5 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

TN No. 92-11
Supersedes
TN No. _____

Approval Date

JUN 05 1992

Effective Date NOV 01 1991

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

TN No. 92-11
Supersedes
TN No. _____

Approval Date JUN 05 1992

Effective Date NOV 01 1991

HCFA ID: 7985E

State Maryland

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by FederalState	Income Level				Income Disregards Employed
		Gross		Net		
		1 Person	Couple	1 Person	Couple	
(1) Maximum amount for each aged, blind, or disabled individual in: Assisted Living	(2)	(3) Maximum amount \$787 State		(4) per individual \$705*	(5) \$85 plus 1/2 of the remaining monthly earned income	
CARE Homes (Project Home)		\$669- \$1,269 State		\$587- \$1,187*	\$85 plus 1/2 of the remaining monthly earned income	
DHMH Rehabilitative Residence		Maximum 300% of SSI benefit level		Gross Minus \$82*	300% of SSI FBL	

* \$82 personal needs allowance for all categories

TN# 06-07
Supersedes
TN# 05-12

Approval Date FEB 27 2006

Effective Date: JANUARY 1, 2006

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

TN No. 92-11
Supersedes
TN No. _____

JUN 05 1992
Approval Date _____

NOV 01 1991
Effective Date _____

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 8 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No. 92-11 Approval Date JUN 05 1992 Effective Date NOV 01 1991
Supersedes _____
TN No. _____
HCFA ID: 7985E

Revision:

Supplement 8a to Attachment 2.6-A
Page 2

State Plan Under Title XIX of the Social Security Act

State: Maryland

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902 (r)(2) OF THE ACT

MD-13-0020-MM1 - removes from this list groups related to categorically needy, and families and children.

For all eligibility groups authorized under Sections 1902 (a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(A)(ii)(XIV), 1902(a)(10)(C)(i)(III), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), and 1905(p) of the Social Security Act, all wages paid by the Census Bureau for temporary employment related to Census Activities are excluded.

TN No. 09-01

Supersedes

Approval Date:

APR 07 2009

Effective Date: October 1, 2008

TN No. 00-5

State Plan Under Title XIX of the Social Security Act

State: Maryland

**LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION
1902(r)(2) OF THE ACT**

- X For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
- X For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account authorized under section 404 is excluded.
- X For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

TN No: 02-9
Supersedes
TN No: New

Approval Date: AUG 7 2002 Effective Date: 4/1/02

State Plan Under Title XIX of the Social Security Act

State: Maryland

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

For the SSI-related groups authorized under Section 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(IV), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(C), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), and 1905(p) of the Social Security Act, the following more liberal methodologies apply:

1. All in-kind income is excluded.
2. Training allowances and expenses are excluded as countable income.
3. Educational work-study earnings, stipends, and reimbursement for out-of-pocket expenses are excluded as countable income.
4. Payments received under a crime victims compensation program are excluded as countable income.
5. Interest income accrued to bank accounts is excluded as countable income.
6. All grants, loans, scholarships, fellowships, and training allowances for educational purposes and all educational expenses while in attendance are excluded as countable income.
7. All charitable contributions received are excluded as countable income.
8. Infrequent or irregular unearned income is excluded up to \$200 per 6 months, and earned income is excluded up to \$30 per quarter.
9. Room and/or board income received from a person living in the assistance unit's home is excluded.
10. For consideration of rental property income and self-employment income, deduct 50% from the gross earnings as the cost to produce.

For the AFDC-related groups authorized under Sections 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(VII), 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(A)(ii)(XIV), and 1902(a)(10)(C) of the Social Security Act, the following more liberal methodology applies:

1. Earned income of the child less than 18 years old is excluded.
2. All in-kind income is excluded.
3. All loans are excluded as countable income, regardless of whether the person is receiving money as the borrower or the lender.
4. Training allowances and expenses are excluded as countable income.
5. Educational work-study earnings, stipends, and reimbursement for out-of-pocket expenses are excluded as countable income.
6. Payments received under a crime victims' compensation program are excluded as countable income.
7. Interest income accrued to bank accounts is excluded.
8. All grants, loans, scholarships, fellowships and trainings allowances for educational purposes and all educational expenses are excluded as countable income.
9. All charitable contributions received are excluded as countable income.
10. Infrequent or irregular unearned income is excluded up to \$200 per 6 months, and earned income is excluded up to \$30 per quarter.
11. For consideration of room and/or board income, rental property income, and self-employment income, deduct 50% from the gross earnings as the cost to produce.
12. Disregard up to \$200 per month per child in child care expenses for an assistance unit member who works 100 or more hours per month. Disregard up to \$100 per month if the member works less than 100 hours per month.

MD-13-0020-MM1 removes from these sections groups related to categorically needy groups, and families and children.

TN No. 09-03

Supersedes

TN No. 04-20

Approval Date **MAR 31 2009**

Effective Date: October 1, 2008

SUPPLEMENT 8b TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maryland

RESERVED FOR FUTURE USE

TN No. 09-02
Supersedes
TN No. 04-20

Approval Date **MAR 31 2009** Effective Date: January 1, 2009

Revision: HCFA-PM-00-1
February 2000

Supplement 8b to Attachment 2.6-A
Page 2

State Plan Under Title XIX of the Social Security Act

State: Maryland

LESS RESTRICTIVE METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

MD-13-0020-MM1 removes language related to categorically needy groups for families and children from this section

For all eligibility groups except the group for Supplemental Security Income beneficiaries, any vehicle owned by family members, regardless of value, is excluded.

*Less restrictive methods may not result in exceeding gross income limitations under section 1903f.

TN No. 02-6

Supersedes

Approval Date: **MAR 22 2002**

Effective Date: 10/1/01

TN No. New

Supplement 8b to Attachment 2.6-A
Page 3

State Plan Under Title XIX of the Social Security Act

State: Maryland

**LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION
1902(r)(2) OF THE ACT**

MD-13-0020-MM1 removes from these eligibility groups categorically needy groups for families and children

 X **For all eligibility groups subject to 1902(r)(2) of the Act: all funds in IDA
accounts funded under the Assets for Independence Act are excluded.**

TN No: 02-9
Supersedes
TN No: New

Approval Date: AUG 7 2002

Effective Date: 4/1/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

LESS RESTRICTIVE METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

MD 13-0020-MM1 removes from these sections language related to categorically needy groups for families and children

For the SSI-related group authorized under Section 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(IV), 1902(a)(10)(A)(ii)(V), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(C), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), and 1905(p) of the Social Security Act, the following more liberal methodologies apply:

1. Any vehicle regardless of the value is excluded as a countable resource, except for airplanes, recreational vehicles, boats and their trailers, and antique cars which are not the assistance unit's primary vehicle.
2. Exclude as a countable resource all irrevocable or revocable burial or funeral plans which specify that a funeral home will receive all proceeds. Exclude other resources designated for burial/funeral up to \$1,500.
3. Exclude income-producing property as a countable resource if it annually produces income consistent with the fair market value.
4. Exclude household goods and personal effects, except for luxury items or valuable collections (e.g., antiques, stamp or coin collection, expensive jewelry other than wedding rings, fur coats).

For the AFDC-related groups authorized under Sections 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(A)(ii)(XIV), and 1902(a)(10)(C), as further defined at Sections 1905(a)(i), (ii), and (viii), of the Social Security Act, the following more liberal methodologies apply:

1. All resources are disregarded.

For the SSI-related groups authorized under 1902(a)(10)(A)(ii)(XV) of the Social Security Act, the following more liberal methodologies apply:

1. Exclude as a countable resource all retirement and pension plans except IRA accounts.
2. Exclude resources up to \$10,000 for an individual and \$15,000 for a married couple.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maryland

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are
1917(b)(1)(C) eligible for medical assistance under one of the following eligibility
groups:

All medically needy aged, blind, and disabled groups as described in
1902(a)(10)(C)(i)(III) and 1902(a)(10)(A)(ii)(V).

An individual who is a beneficiary under a long-term care insurance policy that
meets the requirements of a "qualified State long-term care insurance partnership"
policy (partnership policy) as set forth below, is given a resource disregard as
described in this amendment. The amount of the disregard is equal to the amount
of the insurance benefit payments made to or on behalf of the individual. The
term "long-term care insurance policy" includes a certificate issued under a group
insurance contract.

X The State Medicaid Agency (Agency) stipulates that the following requirements
will be satisfied in order for a long-term care policy to qualify for a disregard.
Where appropriate, the Agency relies on attestations by the State Insurance
Commissioner (Commissioner) charged with regulation and oversight of
insurance policies sold in the state, regarding information within the expertise of
the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section
7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model
regulation and long-term care insurance model Act promulgated by the
National Association of Insurance Commissioners (as adopted as of October
2000) as those requirements are set forth in section 1917(b)(5)(A) of the
Social Security Act.
- The policy was issued no earlier than the effective date of this State plan
amendment.

TN No. 09-02

Supersedes

TN No. New

Approval Date

MAR 3 1 2009

Effective Date January 1, 2009

SUPPLEMENT 8c TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maryland

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No. 09-02
Supersedes
TN No. New

MAR 31 2009

Approval Date _____ Effective Date January 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

TRANSFER OF RESOURCES

1902(f) and 1917
of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

- a. ☒ The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposal of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

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Supersedes
TN No. _____

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JUN 05 1992

Effective Date NOV 01 1991

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 9 to ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

- ☐ b. The period of ineligibility is less than 24 months, as specified below:

- ☒ c. The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

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TN No. 92-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

2. Transfer of the home of an individual who is an inpatient in a medical institution.

☒ A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

- a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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State: Maryland

- b. ☒ Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

No individual is ineligible by reason of item A.2
if--

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

3. 1902(f) States

☒ Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:

2. If the uncompensated value of the transfer is more than \$12,000:

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State: Maryland

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ MARYLAND _____

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

State: MARYLAND

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

X the first day of the month in which the asset was transferred;
the first day of the month following the month of transfer.

4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:

X the average monthly cost to a private patient of nursing facility services in the State;
the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

State: Maryland

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care—

- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

 does not impose a penalty;

 X imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

 does not impose a penalty;

 imposes a series of penalties, each for less than full month.

 X imposes a penalty period based on the total, cumulative, uncompensated value of all assets transferred.

7. Transfers made so that penalty periods would overlap—
The agency:

 X totals the uncompensated value of all assets transferred to produce a single penalty period;

 calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap—
The agency:

 X assigns each transfer its own penalty period;

 uses the method outlined below:

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TN No. 95-18

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MAR 3 0 2007

State: _____ MARYLAND _____

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

 X The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

 X For transfers of individual income payments, the agency will impose partial month penalty periods.

 X For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

 The agency uses an alternate method to calculate penalty periods, as described below:

State: Maryland

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency informs applicants and recipients of the undue hardship provision through the distribution of the handout "Some Questions and Answers About Financial Eligibility for Medicaid Nursing Home Services." The agency will use the following criteria and procedures in making undue hardship determinations:

The applicant/recipient (A/R) must demonstrate that there are no funds available to pay for medical care or other necessities. Sources that may be available to provide the funding are sons, daughters, spouses, or other persons. One or more of these persons may have been the recipient of the transferred resource (or beneficiary or trustee of the trust). If these persons were not recipients of the resource, the person(s) responsible for the transfer can negotiate access to the resource from some other person who still has the resource either in liquid or non-liquid form. An evaluation is required in each case to determine if some other source of funding or care is available if the person is denied coverage. Hardship generally would not be considered to exist if the resource was transferred to a son, daughter, or grandchild or other relative. It is presumed that these family members could make arrangements for the person's care.

If the evidence submitted indicates that there is no reasonable way that the relative or other entity can make any of these arrangements, the local department will mail a complete recording and documentation of the facts related to this conclusion to the Division of Eligibility Policy, Office of Operations, Eligibility and Pharmacy. The facts and verification required to determine if the recipient of the transferred resource can make other arrangements to pay or provide the care of the Medicaid A/R include the following: (A) A valid copy of the tax return for the preceding calendar year. (B) All earnings pay stubs for the current year. (C) All bank books, stocks, bonds, certificates, life insurance policies, etc. Bankbooks must include those before and after receipt of the transferred resource. (D) All documents associated with the proceeds of the transferred resource that will show the value of any purchase of new resources from the sale proceeds of the transferred property.

The Division of Eligibility Policy will evaluate the facts and render a written decision to the local department as to whether or not the penalty provisions should apply or whether a hardship situation exists. The written decision will be sent to the local department within 15 days of the receipt of the facts from the local department. The local department will inform the A/R, in writing, of this decision, the A/R's right to file an appeal, and the steps necessary to file one.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

TRANSFER OF ASSETS

1917(c) **FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE
MADE ON OR AFTER FEBRUARY 8, 2006**, the agency provides for the denial
of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

TRANSFER OF ASSETS

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

_____ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

X The State uses the first day of the month in which the assets were transferred

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State: Maryland

TRANSFER OF ASSETS

 The State uses the first day of the month after
the month in which the assets were transferred
or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

 X the average monthly cost to a private patient of nursing facility services in the State at the time of application;

 the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

TRANSFER OF ASSETS

— imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty period for amounts of transfer less than cost of nursing facility care--

X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income—

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

TN No. 07-05
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State: Maryland

TRANSFER OF ASSETS

- X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.
- X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

TRANSFER OF ASSETS

- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed ____ days (may not be greater than 30).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria and procedures will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

For trusts established before February 8, 2006:

See Supplement 9(a) to ATTACHMENT 2.6-A, page 5

The same criteria are used for transfers involving trusts established before February 8, 2006 as are used for transfers not involving trusts, except that a 60-month look-back is used for trusts and a 36-month look-back is used for transfers of all other assets.

For trusts established on or after February 8, 2006:

See Supplement 9(b) to ATTACHMENT 2.6-A, page 6

The same criteria are used for transfers involving trusts established on or after February 8, 2006 as are used for transfers not involving trusts.

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Revision: HCFA-PM-91-8 (MB)
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SUPPLEMENT 11 TO ATTACHMENT 2.6-A
Page 1
OMB No.:

State/Territory: Maryland

Citation

Condition or Requirement

**COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES**

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- ☐ The methodology as described in SMM section 3598.
- ☐ Another cost-effective methodology as described below.

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APR 19 1993

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OCT 01 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MarylandMETHODOLOGIES FOR TREATMENT OF INCOME AND RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM AS COVERED BY
SECTION 1902r(2) OF THE SOCIAL SECURITY ACT AS
AMENDED BY THE MEDICARE CATASTROPHIC COVERAGE ACT OF 1988Policy: Evaluation of Jointly Held ResourcesApplicability: Individuals described in 1902(a)(10)(A)(i)(III), (a)(10)(A)(i)(IV),
(a)(10)(A)(ii), (A)(10)(C)(i)(III), or (f) or under section 1905(p).Presumption of Pro Rata Share of Jointly Held Resources

An applicant/recipient who is aged, blind, or disabled and who owns and has access to a resource is presumed to have a pro rata share of the jointly held resource. The presumption may be rebutted by the applicant/recipient. Rebut means to contradict, refute, or oppose in a formal manner by argument or proof.

When there is property, including property which is leased by the applicant either singularly or jointly, the applicant's share of the fair market value of the property is considered an available resource.

In all situations where resources are involved, the client's equity must be established; joint ownership status must not be assumed. Documentation is required for all resources. Jointly owned real property is verified by the deed.

Jointly owned bank accounts are verified by the passbook. The number of owners is determined by the number of persons with withdrawal rights, which is not necessarily the same as the number of owners. In situations where joint ownership is legitimate, the passbook would read "Joint Ownership, Subject to the Order of either (or names stated)". Single ownership would read "Joint Owners, Subject to the Sole Order of John Doe." Resources can be prorated only when there is documentation that persons other than spouses living together were owners for a period of 24 months prior to application for Medical Assistance. Resources of spouses living together cannot be prorated.

Spousal Considerations of Jointly Owned Accounts

Resources of spouses living together are considered to be jointly owned and available to each other whether or not the account is in both names.

Spousal Considerations of Rebuttal

When spouses separate due to institutionalization and there is a joint account, situations may arise wherein a spouse wishes to rebut the presumption of pro rata share.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

In addition to the criteria to be considered under "evidence considered for rebuttal", the following additional criteria are to be considered:

1. The current usage and original purpose of the account;
2. Whether or not the money has always been considered as "their" account or the account of one or the other;
3. Whether the person contributed money to the account.

When the separated spouses' needs have been met from the account when they were living together, the separated spouse is still presumed to retain his/her pro rata share.

Decision Based on Submitted Evidence

If, after careful analysis and consideration of the evidence and any other information that an applicant/recipient has presented, the LDSS is convinced that the presumption of ownership has been successfully rebutted, the applicant/recipient's allegations are accepted. For example, an applicant/recipient is one of two owners of an account but alleges that only one-fourth of the funds in the account are his. If he successfully rebuts the Local Department's presumption that his pro rata share is one-half of the funds, the LDSS will consider the one-fourth share as belonging to the applicant/recipient.

If the LDSS is not convinced that the presumption of ownership has been rebutted, the presumption of ownership based on the applicant/recipients pro rata share will prevail.

TN No. 89-11
Supersedes
TN No. _____

Approval Date _____ Effective Date 11/30/88

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

ELIGIBILITY UNDER SECTION 1925 OF THE ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. (42CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

- ☒ During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.
- ☐ For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of :

- ☐ 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- ☒ 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by Section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No. 10-06
Supersedes
TN No. New

Approval Date: MAY 18 2010

Effective Date: JANUARY 1, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ASSET VERIFICATION SYSTEM

- 1940(a) of the Act
1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system shall be electronic:
 - (1) Verification inquiries shall be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system shall not be based on mailing paper-based requests.
 - (3) The system shall have the capability to accept responses electronically.
 - B. The system shall be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system shall establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also shall be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors, whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests shall include a request for information on both open and closed accounts, going back 5 years.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ASSET VERIFICATION SYSTEM

2. System Development

☐ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

☒ B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

☐ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

☐ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

☐ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN # 12-01

Approval Date

APR 26 2012

Effective Date

July 1, 2012

Supersedes TN # NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Maryland has identified an existing vendor under contract to the Department of Human Resources, the State's Title IV agency. The agencies are in the process of developing with the vendor an Asset Verification System (AVS) that meets the requirements of Supplement 16 to Attachment 2.6-A, page 1. The AVS system will be implemented pursuant to a contract modification after development and testing have been completed. Maryland anticipates the AVS system will be in operation as of July 1, 2012.

TN # 12-01

Approval Date

APR 26 2012

Effective Date

JULY 1, 2012

Supersedes TN # NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR
INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

 X \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

 An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is _____.

 This higher standard applies statewide.

 This higher standard does not apply statewide. It only applies in the following areas of the State:

 This higher standard applies to all eligibility groups.

 This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

TN No. 07-05
Supersedes
TN No. new

Approval Date MAR 30 2007 Effective Date: MARCH 1, 2007

State Plan Under Title XIX of the Social Security Act

State: Maryland

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 03/04/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	<p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p>			
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	N/A	N/A	N/A	N/A
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	No	No	No	No
Childless Adults	Attachment A, Column C, Line 5 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan	N/A	N/A	N/A	N/A

2

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- ☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- ☒ Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- ☐ Applies existing state data from periods before January 1, 2014.
- ☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. ☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- ☒ An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
☐ Yes. The combined enrollment cap adjustment is described in Attachment C
☒ No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
☐ Applies a special circumstances adjustment(s).
☒ Does not apply a special circumstances adjustment.
2. The state:
☐ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
☒ Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- ☒ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- ☐ The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- ☒ Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- ☐ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- ☒ Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- ☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- ☒ Attachment A – Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B – Resource Criteria Proxy Methodology
- ☐ Attachment C – Enrollment Cap Methodology
- ☐ Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- ☐ Attachment E – Transition Methodologies

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 0938-1148. The time required to complete this information collection is estimated to average 4 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.

Attachment A: Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan**MARYLAND**

12/6/2013

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives FPL %	116%	123%	yes	Part 1 of approved state MAGI conversion plan	state data
2	Noninstitutionalized Disabled Persons SSI FBR%	100%	103%	n/a	new SIPP conversions	SIPP
3	Institutionalized Disabled Persons SSI FBR%	300%	300%	n/a	ABD conversion template	n/a
4	Children Age 19-20	116%	123%	yes	Part 1 of approved state MAGI conversion plan	state data
5	Childless Adults FPL %	116%	\$0	no	n/a	n/a

n/a: Not applicable.

*The contents of this table will be updated automatically in the case of modifications in the CMS approved MAGI Conversion Plan

TN 13-32

Approval Date: 03/28/14

Effective Date: 01/01/14

State Plan Amendments in MACPRO

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MD-20-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2021	New
Individuals Eligible for Family Planning Services - Presumptive Eligibility	1/1/2021	New

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment is to create a Family Planning Presumptive Eligibility (FPE) Program to enroll participants in a temporary eligibility group to receive family planning services. Participants enroll at Family Planning Qualified Entities (FPEQEs), which are Maryland Family Planning Program Delegate Service Sites enrolled in Medicaid that are in good standing. The goal of FPE is to provide a pathway to longer-term Family Planning Program coverage by allowing participants to have timely access to family planning health care services through an on-site, temporary eligibility determination.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$970000
Second	2022	\$1300000

Federal Statute / Regulation Citation

42 CFR 435.1103(c)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
FPE SPA Cover Letter FINAL_signed	12/18/2020 3:49 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID MD2020MS0003O
Submission Type Official
Approval Date 5/21/2021
Superseded SPA ID N/A

SPA ID MD-20-0013
Initial Submission Date 12/21/2020
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

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		


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

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Printed Public Notice FPE	11/20/2020 3:20 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	N/A
Superseded SPA ID	N/A		

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:
11/23/2020	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	
UIO Approval - MD 20-0013 Family Planning Presumptive Eligibility (FPE) Program	12/17/2020 5:53 PM EST	

Indicate the key issues raised (optional)

☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility

☐

Benefits

☐

Service delivery

☐

Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID	MD2020MS00030	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

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

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00030 | MD-20-0013

Package Header

Package ID	MD2020MS00030	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

☒ Yes

☐ No

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - ☐ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☒ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ e. Other reasonable limitation:

Individuals Eligible for Family Planning Services - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

B. Application for Presumptive Eligibility

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
Family Planning Presumptive Eligibility screens - 03-12-2021	3/17/2021 4:27 PM EDT	

5. Describe the presumptive eligibility screening process:

Enrolled FPE workers will need to:

1. Check EVS to make sure the applicant is not already enrolled with Medicaid or the Medicaid Family Planning Program;
2. Complete an FPE application on behalf of the applicant using the Maryland Health Connection PE Portal consistent with the Department's policies, regulations, and training materials
3. Provide the applicant with a printed copy of the FPE denial or approval letter generated by the Maryland Health Connection PE Portal.
4. Provide the applicant with the following information:
 - a. If the applicant is approved, inform the applicant that a full Medical Assistance application must be completed by the last day of the month following the month in which the FPEQE makes the FPE determination in order to assess the applicant's eligibility for continued eligibility for Family Planning Program.
 - b. Discuss with the applicant how to apply for comprehensive Medical Assistance Program benefits and/or continued eligibility for the Family Planning Program using the information on the Approval or Denial Letters.

*There are some instances where remote applications are acceptable.

If an applicant is at the clinic and the clinic Worker is at another branch (ex. a different Planned Parenthood), the FPE Worker may engage with the applicant by phone or video connection to complete the application remotely. If the potential applicant is at home, the FPE Worker can call the applicant before their scheduled appointment to complete a FPE application. The FPEQE must have a way to provide the applicant with a copy of their eligibility determination letter.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.214.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☒ b. Gross income is used to determine household size.
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New User-Entered		

D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

☐ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Family Planning Qualified Entities (FPEQEs)	Family Planning Qualified Entities (FPEQEs), are Maryland Family Planning Program Delegate Service Sites enrolled in Medicaid that are in good standing.

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
FPE Manual April 2021.final (1)	4/30/2021 10:32 AM EDT	
FPE Training April 2021.final (1)	4/30/2021 10:32 AM EDT	

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0003O | MD-20-0013

Package Header

Package ID	MD2020MS0003O	SPA ID	MD-20-0013
Submission Type	Official	Initial Submission Date	12/21/2020
Approval Date	5/21/2021	Effective Date	1/1/2021
Superseded SPA ID	New		
	User-Entered		

E. Additional Information (optional)

FPE: PERFORMANCE STANDARDS AND SANCTIONS

A. What are the performance standards?

The Department will monitor performance over time and will reach out to FPEQEs if issues arise. For example, the Department would reach out if very few people are being enrolled in full Medicaid or the majority of applicants that complete a full MA application are found ineligible for benefits on an ongoing basis.

B. What are the sanctions for failure to meet performance standards?

As the program progresses and the Department refines its standards and criteria, the Department will propose any enforcement of performance standards with a Plan of

1. How often one can be eligible for FPE coverage;

13

Correction (POC). The POC is meant to create a dialogue between the FPEQE and the Department in order to better uphold FPE policies and procedures.

If the FPEQE does not meet the prescribed standards within one calendar quarter, the Department will establish a written POC that describes:

1. Targets and timelines for improvements;
2. Steps to be taken in order to comply with the performance standards;
3. How additional staff training would be conducted, if needed;
4. The estimated time it would take to achieve the expected performance standards, which would be no greater than three months; and
5. How outcomes would be measured.

The Department may impose additional correction periods, as appropriate. If the FPEQE, or individual FPE Worker, does not meet targets after a sufficient period for improvement, as determined in POC discussions between the Department and the FPEQE, the Department may disqualify a FPEQE from participation as a FPE determination site.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 6/15/2021 3:28 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MD-20-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	2/1/2020	MD-19-0004
Individuals Eligible for Family Planning Services	2/1/2020	MD-18-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To reflect integration into single streamlined application we need to update the RU for Family Planning to apply the MAGI household rules and income rules to FP applicants.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 CFR 435.603, 42 CFR 435.214

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID MD2020MS0002O
Submission Type Official
Approval Date 6/5/2020
Superseded SPA ID N/A

SPA ID MD-20-0002
Initial Submission Date 3/31/2020
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
201 W. Preston St
Baltimore, MD 21201

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
Superseded SPA ID	N/A		

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

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID MD2020MS0002O
Submission Type Official
Approval Date 6/5/2020
Superseded SPA ID N/A

SPA ID MD-20-0002
Initial Submission Date 3/31/2020
Effective Date N/A

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

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This is a technical change previously announced in SPA ID MD-18-0005, for which Maryland obtained UIO approval.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-19-0004		
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

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-19-0004		
	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

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-19-0004		
	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 Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-18-0005		
	System-Derived		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-18-0005		
	System-Derived		

B. Individuals Covered

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

- ☒ Yes
- ☐ No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-18-0005		
	System-Derived		

C. 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:

259.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-18-0005		
	System-Derived		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

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

☒ Yes

☐ No

3. In determining eligibility for this group, the state includes the following household members:

☒ a. All household members

☐ b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

☐ Yes

☒ No

5. In determining eligibility for this group, the state counts the income of:

☒ a. All household members

☐ b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-18-0005		
	System-Derived		

E. Basis for Income Standard - Maximum Income Standard

- ☐ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:
- ☒ a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
 - ☐ b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
 - ☐ c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
 - ☐ d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
3. The amount of the maximum income standard is:
- 259.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

n/a

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.

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Submission - Summary

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	N/A
Superseded SPA ID	N/A		

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	N/A
Superseded SPA ID	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

Package Header

Package ID MD2019MS0001O
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

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	N/A
Superseded SPA ID	N/A		

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

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	N/A
Superseded SPA ID	N/A		

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	
UIO Approval MD SPA 19-0003 1915i SPA	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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	10/1/2019
Superseded SPA ID	MD-18-0005		
	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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	10/1/2019
Superseded SPA ID	MD-18-0005		
	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

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

Package Header

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Superseded SPA ID	MD-18-0005		
	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.

Package Header

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Submission Type	Official	Initial Submission Date	7/15/2019
Approval Date	9/5/2019	Effective Date	10/1/2019
Superseded SPA ID	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

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

Package Header

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Superseded SPA ID	New		
	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

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
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Approval Date	9/5/2019	Effective Date	10/1/2019
Superseded SPA ID	New		
	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%

☐ Census Bureau wages are disregarded.

Description of disregard: Census Bureau wages are disregarded.

☐ Interest is disregarded.

Description of disregard: Interest is disregarded.

☐ Training allowances and expenses are disregarded.

Description of disregard: Training allowances and expenses are disregarded.

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

Description of disregard: Room and 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

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

Package Header

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Superseded SPA ID	New		
	User-Entered		

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

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

Package Header

Package ID	MD2019MS0001O	SPA ID	MD-19-0004
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Superseded SPA ID	New		
	User-Entered		

E. Resource Standard Used

There is no resource test for this group.

F. Additional Information (optional)

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Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	NEW		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

☐ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

☒ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

☐ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

n/a

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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Superseded SPA ID	NEW		
	User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections	<input type="checkbox"/>	<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 ?
SSI Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	<input type="checkbox"/>	<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 ?
Qualifying Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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Superseded SPA ID	NEW		
	User-Entered		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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 - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

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

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- ☐ a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- ☐ b. Options relating to the definition of caretaker relative:
- ☐ c. Options relating to the definition of dependent child:

☒ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- ☒ Yes
- ☐ No

2. The state uses the following income standard for this group:

FPL 123.00%

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
User-Entered			

D. Basis for Income Standard

1. Minimum Income Standard

- a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
- ☐ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

- ☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
- b. The state's maximum income standard for this eligibility group is:
- ☐ i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - ☒ ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - ☐ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - ☐ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- ☒ i. A percentage of the federal poverty level: 123.00%
- ☐ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ v. Other dollar amount

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-17-0003		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

- 1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- 2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- ☒ Yes
- ☐ No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 259.00%

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-17-0003		
	System-Derived		

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- ☒ 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-17-0003		
System-Derived			

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- ☒ Yes
- ☐ No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

FPL 185.00%

2. Maximum income standard

☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is: FPL 259.00%

G. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	6/1/2018
Superseded SPA ID	NEW		
User-Entered			

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 checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<input checked="" type="radio"/>	<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 checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	<input checked="" type="radio"/>	<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"/>	NEW
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 | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	6/1/2018
Superseded SPA ID	NEW		
	User-Entered		

B. Medically Needy Options for Coverage

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

☐ Yes ☒ No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
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Superseded SPA ID	NEW		
	User-Entered		

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 Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

B. Individuals Covered

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

- ☒ Yes
- ☐ No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

C. 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:

259.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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	User-Entered		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

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

- ☒ Yes
- ☐ No

3. In determining eligibility for this group, the state includes the following household members:

- ☐ a. All household members
- ☒ b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- ☐ Yes
- ☒ No

5. In determining eligibility for this group, the state counts the income of:

- ☐ a. All household members
- ☒ b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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User-Entered			

E. Basis for Income Standard - Maximum Income Standard

- ☐ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:

☒ a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

☐ b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.

☐ c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

☐ d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
3. The amount of the maximum income standard is:

259.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

n/a

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