

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

HCFA-AT-80-38 (BPP)  
MAY 22, 1980

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

OMB No. 0938-

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

State/Territory: Maryland

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Citation

42 CFR  
430.10

As a condition for receipt of Federal funds under  
title XIX of the Social Security Act, the

State Department of Health & Mental Hygiene  
(Single State Agency)

submits the following State plan for the medical  
assistance program, and hereby agrees to administer  
the program in accordance with the provisions of this  
State plan, the requirements of titles XI and XIX of  
the Act, and all applicable Federal regulations and  
other official issuances of the Department.

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TN No. 92-11  
Supersedes  
TN No. 77-3

JUN 05 1992  
Approval Date

Effective Date NOV 01 1991

HCFA ID: 7982E



# Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>State Plan Administration Designation and Authority</b>	<b>A1</b>
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42 CFR 431.10

### Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



# Medicaid Administration

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes  No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Maryland has established an Office of Administrative Hearings (OAH) to provide impartial hearing examiners to conduct contested case hearings for other state agencies, at the state agencies' option and delegation. Md. Code, Ann., State Government Article (SG) § 10-205. OAH applies the procedural regulations adopted by the agency when, as for Medicaid fair hearings, it is required to do so by State or Federal law. SG § 10-206. Maryland's single state agency, the Department of Health and Mental Hygiene, has delegated final fact-finding, final conclusions of law, and final orders for all of its Medicaid fair hearings to OAH. The delegation is revocable by DHMH at any time (except after an individual case has been delegated), and therefore DHMH retains the ability to ensure its fair hearings are adhering to Medicaid requirements. DHMH has adopted procedural regulations consistent with federal Medicaid fair hearing requirements. COMAR 10.01.04. OAH, by delegation, renders the final DHMH agency decision as to both facts and law. DHMH, while it monitors OAH decisions, does not conduct further administrative review. DHMH has delegated eligibility determinations to both the Title IV-A agency, the Department of Human Resources (DHR), and to the Maryland Health Benefit Exchange (MHBE). For non-MAGI based coverage groups, the Title IV-A agency is responsible for referring eligibility appeals to OAH and appearing to represent the Department at the contested case hearing. DHMH has delegated eligibility decisions for MAGI-based coverage groups to the Maryland Health Benefits Exchange (MHBE). Because of the sliding-scale nature of MAGI-based eligibility decisions, DHMH and MHBE have adopted a combined notice to reduce participant confusion. To ensure a seamless experience for participants and to eliminate the possibility of conflicting fair hearings decisions, the Maryland Health Benefits Exchange (MHBE) will track eligibility fair hearing appeals for MAGI-based eligibility. By regulation, DHMH delegates certain administrative responsibility for fair hearings, for state administrative law purposes, to the same delegees (DHR and MHBE) that are responsible for the underlying determinations. However, DHMH has directly delegated to OAH the conduct of fair hearings for Medicaid modified adjusted gross income eligibility appeals. MHBE has made the equivalent delegation to OAH for APTC and CSR cases. Therefore, an appellant of an insurance affordability program will get one fair hearing before OAH where all insurance affordability program issues can be comprehensively addressed. Prior to the fair hearing, DHMH or the delegate agency pursues



# Medicaid Administration

informal resolution of issues raised. In the case of DHR, case managers and supervisors explore potential resolutions or explanations with the appellant, and make any necessary corrections or updates to eligibility case records. In the case of the MHBE, the division of Appeals & Grievances is responsible for performing (or assigning to appropriate case managers or navigators) intermediate review and is authorized to go forward with corrections or updates to case data and the eligibility status determination. Under a new law, eligibility decisions for MAGI-based coverage groups will no longer be under the jurisdiction of the Board of Review.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

DHMH retains oversight of the State Plan and the state regulations to implement the plan. DHMH monitors the entire appeals process, including the administration of contested case hearings by the Title IV-A agency and MHBE, and the quality and accuracy of the final decisions made by OAH. DHMH's Office of Eligibility Services provides policy directives and advice to both the Title IV-A agency and MHBE, under their MOUs with the Department. Moreover, the Department actively monitors performance by those agencies and provides resources, through the memoranda of understanding, to ensure timely resolution of fair hearing appeals. DHMH periodically meets with the Title IV-A agency and MHBE to review the terms of its memoranda as circumstances change.

Under its memorandum of understanding with DHMH, MHBE will conduct certain administrative monitoring functions related to all MAGI-based eligibility appeals, including from eligibility decisions made by the Title IV-A agency, and guide pre-hearing processes, including overseeing informal resolution efforts and case summary preparation. MHBE will direct OAH in its conduct of fair hearings, including specifying available hearing locations, securing appropriate resources to be available at hearings, and ensuring that all appeals are processed and decided within federal regulatory time limits, although DHMH will continue to ensure that MHBE complies with all federal and state laws, regulations, policies and guidance covering the Medicaid program. MHBE and DHMH will each appear at hearings. MHBE or the Title-IV agency, at DHMH's direction, will conduct informal resolution efforts in Medicaid modified adjusted gross income cases, but MHBE will track and monitor these efforts for all MAGI cases, and will report all information obtain through these efforts to DHMH which retains oversight responsibility.

Under delegations made by DHMH to OAH in a Memorandum of Agreement, DHMH also monitors the quality and accuracy of the final decisions made by OAH. Moreover, under Maryland administrative law, either party may seek judicial review of a final agency decision. DHMH monitors OAH decisions and, if a clear error is found, will either 1) engage in settlement with the appellant or 2) exercise its option to seek judicial review when there is clear error by the hearing examiner.

DHMH will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process by reviewing and approving notices issued by the Title-IV agency, MHBE, and OAH. These notices contain information about fair hearings, how to contact OAH, and how to obtain additional information about fair hearings from OAH.

DHMH will ensure that the Title IV-A agency, MHBE, and OAH comply with all federal and state laws, regulations, policies and guidance covering the Medicaid program.

Remove

Date waiver granted (MM/DD/YY): 05/23/14

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:



# Medicaid Administration

Department of Health and Mental Hygiene's Board of Review

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

In Maryland, a second level of administrative review of some Department final decisions is performed by the Department of Health and Mental Hygiene's Board of Review. Any party may appeal the final decision of the Department to the Board of Review. The OAH decision is the final DHMH decision, while the Board's decision is final for purposes of judicial review under the Maryland Administrative Procedure Act for cases where appellants opt for Board review. Pursuant to new law, this appeal is optional and any party may seek direct judicial review of the OAH final decision instead of first seeking review before the Board of Review. The Board of Review is an independent Board, which is not part of the Department, and consists of members appointed by the Governor. The Board of Review has authority to make findings of fact and law, but traditionally limits its review to the record established at OAH.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

DHMH retains oversight of the State Plan and the state regulations to implement the plan. DHMH monitors the entire appeals process, including the quality and accuracy of the made by the Board of Review. Moreover, under Maryland administrative law, either party may seek judicial review of a final agency decision. DHMH monitors Board of Review decisions and, if a clear error is found, will either 1) engage in settlement with the appellant or 2) exercise its option to seek judicial review when there is clear error by the Board. DHMH will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process by reviewing and approving notices issued by the Board of Review. These notices contain information about fair hearings, how to contact the Board of Review, and how to obtain additional information about fair hearings from the Board of Review. The Board will conduct fair hearings in accordance with Md. Code Ann., HG sec. 2-201 et seq. and COMAR 10.01.05. DHMH will ensure that the Board of Review complies with all federal and state laws, regulations, policies and guidance covering the Medicaid program.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act



# Medicaid Administration

The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes  No

## State Plan Administration

### Organization and Administration

A2

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

Section 2-101 of the Maryland Code, Health-General Article established the State Department of Health and Mental Hygiene to encompass all major departments, boards and commissions with responsibility for regulating health, mental hygiene and related services. Pursuant to Health-General §15-103, the State Department of Health and Mental Hygiene is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. The Medicaid agency also established and maintains methods, criteria, and procedures that meet all federal requirements for prevention and control of program fraud and abuse.

The Medicaid agency's responsibilities, other than the ultimate authority of the DHMH secretary, are carried out under the Deputy Secretary of Health Care Financing, one of 5 parallel administrations. The other 4 administrations in DHMH are

- Regulatory Programs, which includes various DHMH commissions and the various professional boards that monitor health care practice;
- Behavioral Health & Disabilities, which includes the alcohol and drug abuse administration, the developmental disabilities administration, and the mental hygiene administration;
- Public Health Services, which coordinates the activities of local health departments in the 26 counties and includes the Medical Examiner, Vital Statistics and divisions involved in preventive care and health promotion; and
- Operations, which oversees facilities, systems, equipment and staff, and coordinates procurement and regulatory activities, for the other 4 administrations.

Public Health Services includes the Vital Statistics Administration, which supplies data for Medicaid eligibility. Also, Public Health Services shares responsibility with the 26 counties (including Baltimore City) for the local health departments. Although local health departments generally fall under the supervision of Public Health Services, specific employees of each local health department perform Medicaid and CHIP eligibility determinations under the direct supervision of the Health Care Financing administration, which funds these positions and activities using CHIP grants. The office of the DHMH Secretary oversees the Office of Health Care Quality (which surveys facilities) and provides administrative support for the independent Board of Review.



# Medicaid Administration

Medicaid activities within Health Care Financing are performed through 5 distinct units under 3 Executive Directors and 2 Directors. The Office of Systems, Operations and Pharmacy operates the Medicaid Management Information System, paying claims, furnishing eligibility information to providers, and producing reports; oversees the pharmacy benefit, including convening Pharmacy and Therapeutics Committee, furnishing point-of-service eligibility data to pharmacists, paying for outpatient and inpatient prescriptions, and operating federal and state Medicaid drug rebate program; and is responsible for working with contractors to develop of a fiscal agent system that is intended to replace the current MMIS. In addition to the Office of Eligibility Services (described below), Medicaid has an Office of Health Services, which is responsible for provider and MCO relations and reimbursement, and for designing services and benefit plans. The MMIS and reporting requirements are managed by the Office of Systems, Operations and Pharmacy, which also includes the staff who oversee the state and federal drug rebate programs, set drug coverage policies, and deal with recommendations from pharmacy advisory committees. The Office of Planning and Finance work closely with the Office of Health Services to develop most significant new program areas.

Within Health Care Financing Administration, the Office of Eligibility Services establishes regulations and provides training and informal written guidance to workers responsible for determining eligibility of Medicaid recipients. The Office of Eligibility Services contains a policy division that is responsible for maintaining and developing regulations and informal guidance, and also contains a training unit responsible for developing materials and presenting eligibility classroom training used for all eligibility case workers in DHMH and delegate agencies. Another unit under Policy oversees the local health departments' determinations of eligibility for pregnant women, families and children, and provides policy support to an operational DHMH unit that processes eligibility, notices and recipient billing/payment for the MCHP Premium program. The Deputy Director for policy also advises the quality control, monitoring and special projects division that performs agency audits, works with the Inspector General's office on payment error rate measurement, and performs outreach to recipients regarding particular eligibility criteria from time to time in order to promote consistency. The Operations division includes staff who oversee the contractual relationship between DHMH and its enrollment broker for recipient managed care services, and a call center for issues related to transitions between fee-for-service and managed care services and other recipient problems, and also a group of technical experts who maintain accuracy of MMIS records by performing certain manual tasks to bridge the gap between MMIS and the legacy eligibility system, by reviewing system reports and responding to problems, and who maintain the Medicare Buy-In relationship with CMS for dually eligible recipients. Finally, there is a division of case managers who perform eligibility determinations for applicants to the various 1915(c) and 1115 waiver programs (including Increased Community Services and Family Planning), for children in state psychiatric placements, and for the Employed Individuals with Disabilities program (a Medicaid "buy-in" program. These workers use CARES in combination with waiver program systems. Until 2014, this Eligibility Determinations Division (EDD) also had a unit to perform eligibility determinations (using a separate electronic system) for the "pharmacy plus" 1115 program, Primary Adult Care, for childless adults.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

Maryland's executive branch is made up of 20 Departments and other independent agencies and boards that each report directly to MD's governor, Lt. Governor, and Secretary of State.

The Department of Health and Mental Hygiene is one of Maryland's 20 departments and is headed by a Secretary who is the Governor's cabinet-level appointee. See Maryland Manual On-Line maintained by Maryland State Archive at <http://msa.maryland.gov/msa/mdmanual/09dept/html/00list.html>. DHMH has several sister agencies that provide various social services in Maryland. The Department of Human Resources, DHR, is the Title-IV agency and Title IV-E agency, as well as administering the offices of Child Welfare and Adult Services, Child Support Enforcement among other federal and state public service activities. The Department of Aging provides services to older adults, and certain programs of the Department of Aging are enrolled as Medicaid providers. The Department of Juvenile Services coordinates enrollment with DHR and the Department of certain youth who are in the custody of the State but in community living arrangements subject to court supervision. The office of Disability Determination within the Department of Education partners with DHR in determining disability under Title XVI rules for Maryland residents. The Maryland Health Benefit Exchange is an independent agency and is responsible for the individual exchange market, the SHOP market, and MAGI-based Medicaid eligibility determinations.

As stated above, Maryland has established an Office of Administrative Hearings (OAH) to provide impartial hearing examiners to



# Medicaid Administration

conduct contested case hearings for other state agencies, at the state agencies' option and delegation, and the Department of Health and Mental Hygiene has delegated Medicaid fair hearings to this entity. Please see Executive Branch attachment for a more detailed structural look at MD's executive branch.

The duties of the Department of Human Resources and of the Maryland Health Benefit Exchange are set forth in detail below in the discussions of agencies that perform Medicaid eligibility determinations.

## Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Maryland Department of Human Resources (DHR) is the State's agency for programs under IV-A, IV-E, SNAP, and other public welfare programs. DHR operates local Departments of Social Services (LDSS) through District Offices in each of the State's twenty-four counties. The staff at these LDSS locations includes employees of DHR's Family Investment Administration who process eligibility for Title XIX and Title XXI using DHR's automated eligibility system, Clients' Automated Eligibility and Resource System (CARES). These case managers will continue to process non-MAGI Medicaid coverage groups including long term care and foster care. Beginning with the open enrollment period, they will process MAGI Medicaid applications using the State's marketplace, Maryland Health Connection (MHC). In addition to the LDSS staff, Maryland currently uses eligibility staff at Local Health Departments (LHD) to process eligibility for what will now be MAGI coverage groups, also using CARES. Beginning with open enrollment for 2014, these case managers process eligibility for periods beginning January 2014 or later using MHC. Both groups of case managers (LDSS and LHD) will use CARES to perform adjustments or determine retroactive eligibility for periods prior to January 1, 2014.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Maryland Health Benefit Exchange (MHBE) is a public corporation and independent unit of state government. MHBE operates Maryland Health Connection (MHC), an electronic eligibility system and state based exchange that determines eligibility for all insurance affordability programs, including MAGI Medicaid coverage groups. MHC determines eligibility through its single, streamlined, online application. In this form, individuals can self-attest to their income, family size, and other factors that would go into determining eligibility and be matched with programs and health insurance for which they qualify. MHBE also operates the Connector Program, which consists of six regional Connector Entities. The Connector Entities employ staff who process eligibility through Maryland Health Connection (MHC). MHBE also operates the Consolidated Services Center, a state-wide call center that has staff who take applications over the phone and process applications through MHC. Connector Entity and Consolidated Services Center employees use MHC to determine eligibility for MAGI Medicaid coverage groups. Workers in the



# Medicaid Administration

Fulfillment Center are trained to apply Maryland's MAGI rules to correct cases affected by system errors. The Appeals and Grievances unit of MHBE is responsible for using informal approaches to correct disputed determinations without requiring a hearing, as well as for sending hearing requests to OAH, tracking cases through administrative and judicial levels, assigning case workers and MHBE representatives to appear at hearing, and securing appropriate locations for holding hearings. The Department of Health and Mental Hygiene provides resources, through the memorandum of understanding, to help oversee and fund MHC, the Connector Program and Consolidated Services Center.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes  No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes  No



# Medicaid Administration

State Plan Administration Assurances	A3
42 CFR 431.10 42 CFR 431.12 42 CFR 431.50	
<b>Assurances</b> <input checked="" type="checkbox"/> The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50. <input checked="" type="checkbox"/> All requirements of 42 CFR 431.10 are met. <input checked="" type="checkbox"/> There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12. <input checked="" type="checkbox"/> The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters. Assurance for states that have delegated authority to determine eligibility: <input checked="" type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d). Assurances for states that have delegated authority to conduct fair hearings: <input type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d). <input type="checkbox"/> When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency. Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings: <input checked="" type="checkbox"/> The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.	

### 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

1.4 State Medical Care Advisory Committee (42 CFR 431.12(b))

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(1) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

**In November, 2010, the State appointed a designee of the Urban Indian organizations operating health programs under the IHCIA to the State Maryland Medicaid Advisory Committee (MMAC). The MMAC meets monthly and receives updates on demonstration projects, pertinent policy issues, waivers, regulations and State Plan Amendments for all Medicaid Programs. These communications occur prior to the submission of waivers, amendments and other policy changes. Feedback from authorizing agencies is also shared with the MMAC as needed. For instance, follow up issues significantly impacting the implementation as previously stated would be brought before the MMAC for discussion.**

**In response to the ISDEAA, the State will also consult with the Urban Indian Organization on an as needed basis to develop SPAs and regulations which will have a direct impact on the provision of care to or access for Indian populations. Maryland statute also requires that the MMAC receive copies of any State Plan Amendments within five days of submission to CMS.**

TN 10-16

Supersedes

TN NEW Approval Date

**MAR 21 2011**

Effective Date

OCTOBER 21, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State contacted the Urban Indian Organization in April 2010 to begin developing a relationship and feedback loop on Medicaid issues. Prior to that, the State worked with CMS to understand the requirements of the legislation so that they would be correctly implemented. A member of the organization was invited to join the MMAC in July 2010 and accepted in August 2010.

In November 2010, the State met with representatives from IHS, CMS and the Urban Indian Organization to further develop the process for reviewing State Plan Amendments. Based on feedback from the Urban Indian Organization, the State agreed to forward all proposed waivers, waiver extensions, waiver amendments, waiver renewals and pending SPAs to the Urban Indian Organization, and specifically highlight any SPA affecting access or the provision of care to Indian populations in Maryland.

The State contacted the UIO to further develop the communication efforts to ensure the UIO has sufficient time to present feedback to the State on SPAs, proposed waivers, waiver extensions, waiver amendments and waiver renewals. The UIO and the State agreed to the following:

- 1) Monthly electronic updates to be confirmed electronically by the UIO of proposed submissions to CMS related to SPAs, proposed waivers, waiver extensions, waiver amendments, and waiver renewals.
- 2) The UIO agrees that one week prior to submission to CMS for receipt of any SPA/Waiver which has a direct impact on the UIO / American Indians is considered sufficient time for feedback.
- 3) The majority of contact between the State and the UIO will occur electronically, however, in instances where there is a direct impact on Indians with regard to care or access, telephone, letter, or face-to-face consultation may be necessary and a minimum of a business week will be provided to the UIO for feedback post meeting.
- 4) A follow-up conference call between the State and the UIO on February 25, 2011 confirmed agreement of all parties to electronic delivery and confirmation of pending SPA/Waivers in accordance with the process outlined above to be initiated with the current SPA discussed herein and to continue with all SPA/Waivers as of January 2011.

Supersedes TN No.

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 0938-1098. The time required to complete this information collection is estimated to average 1 hour 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.  
CMS-10293 (07/2013)

TN 10-16

Supersedes

TN NEW Approval Date

**MAR 21 2011**

Effective Date

OCTOBER 1, 2010

Revision: HCFA-PM-94-3 (MB)  
 APRIL 1994  
 State/Territory: MARYLAND

Citation1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
  - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
  - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
  - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
  - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 95-11  
 Supersedes  
 TN No. \_\_\_\_\_

Approval Date MAR 27 1995 Effective Date MAR 2 1995

Revision: HCFA-PM-94-3 (MB)  
APRIL 1994  
State/Territory:

MARYLAND

Citation

1928 of the Act

- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 95-11  
 Supersedes \_\_\_\_\_ Approval Date MAR 27 1995 Effective Date MAR 20 1995  
 TN No. \_\_\_\_\_

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

State of Maryland

ATTORNEY GENERAL'S CERTIFICATION

I certify that: Department of Health and Mental Hygiene is the  
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

Maryland Code Annotated, Health General Article §15-103.  
(statutory citation)

supervising the administration of the plan by local political subdivisions.

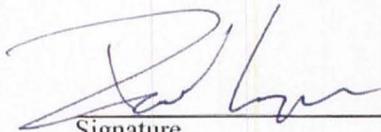
The legal authority under which the agency supervises the administration of the plan on a  
statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political  
subdivisions administering the plan is

(statutory citation)

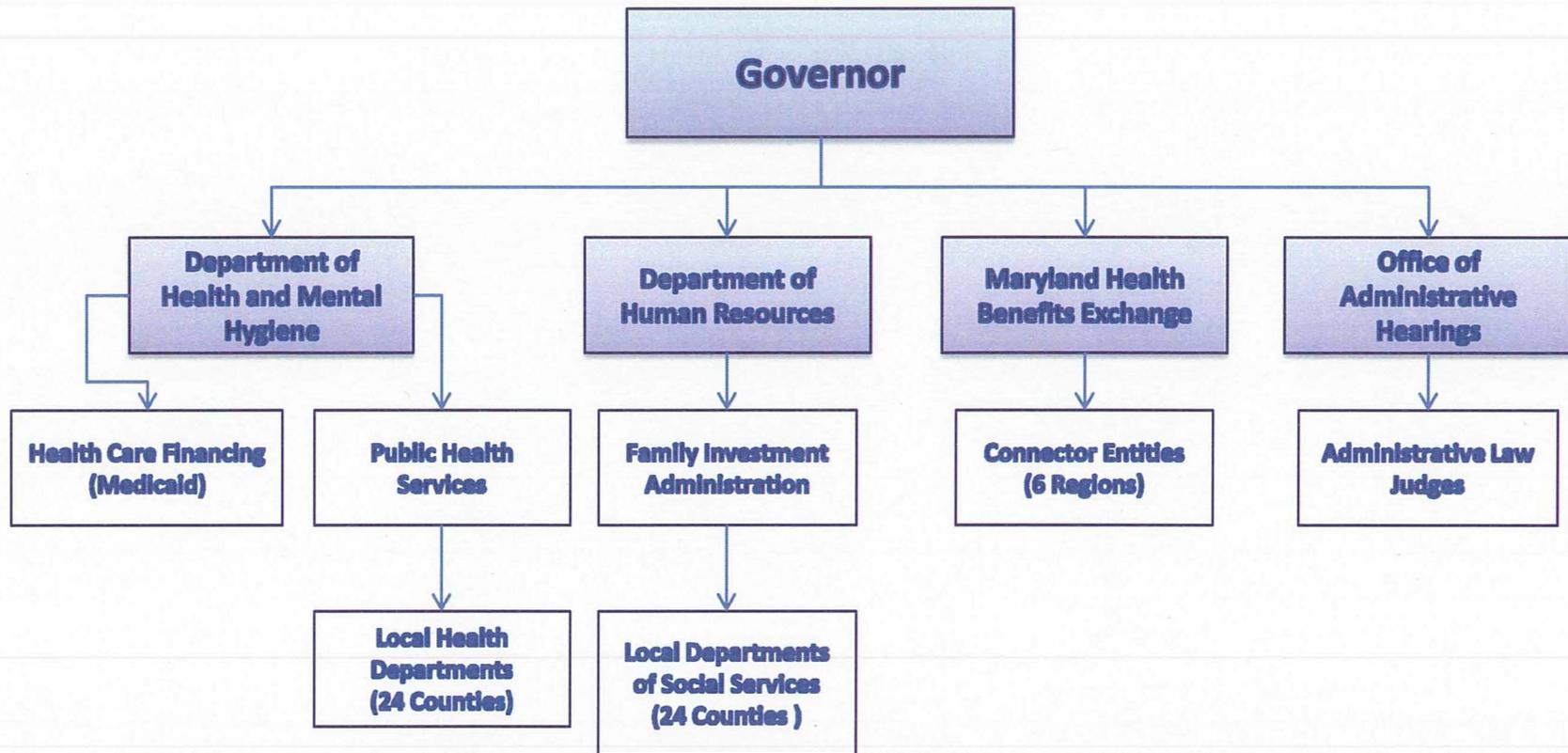
3/10/2014  
DATE

  
Signature

Assistant Attorney General  
Title

TN 11-08  
Supersedes TN orig 1974 Approval Date JUN 18, 2014 Effective Date OCT 01, 2013

### Overview of Maryland Executive Branch



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Title 2, Subtitle 2, Section 2-101 of the Health-General Article established the State Department of Health and Mental Hygiene to encompass all major departments, boards and commissions with responsibility for providing State financed health, mental hygiene, and related services.

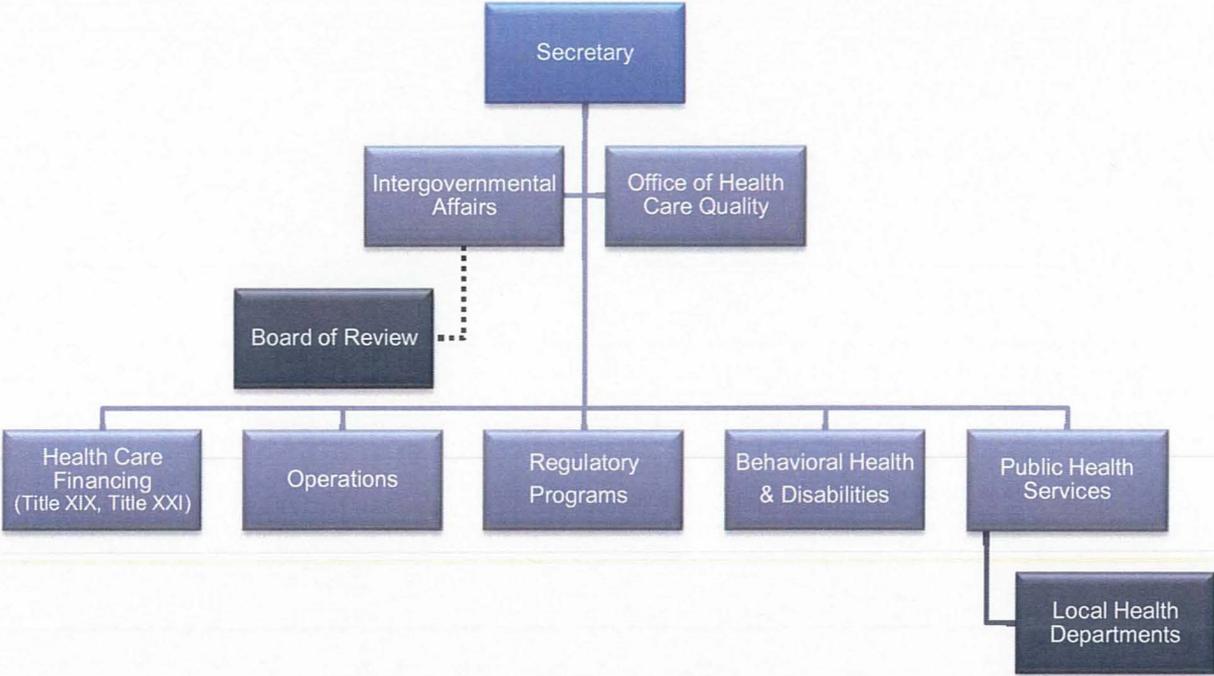
The basic objectives of the State Department of Health and Mental Hygiene are: to develop a health program providing protection to Maryland residents against preventable disease and premature loss of life; to provide comprehensive health and medical services for the indigent and medically indigent; to provide inpatient and outpatient services for the chronically ill, for the mentally ill, for the developmentally disabled, for persons with tuberculosis, and for drug, and alcohol abusers; and to advance the health of all residents through the conduct of special studies, research and through the creation of adequate health manpower.

TN. No. 91-2  
Supersedes TN. No. \_\_\_\_\_

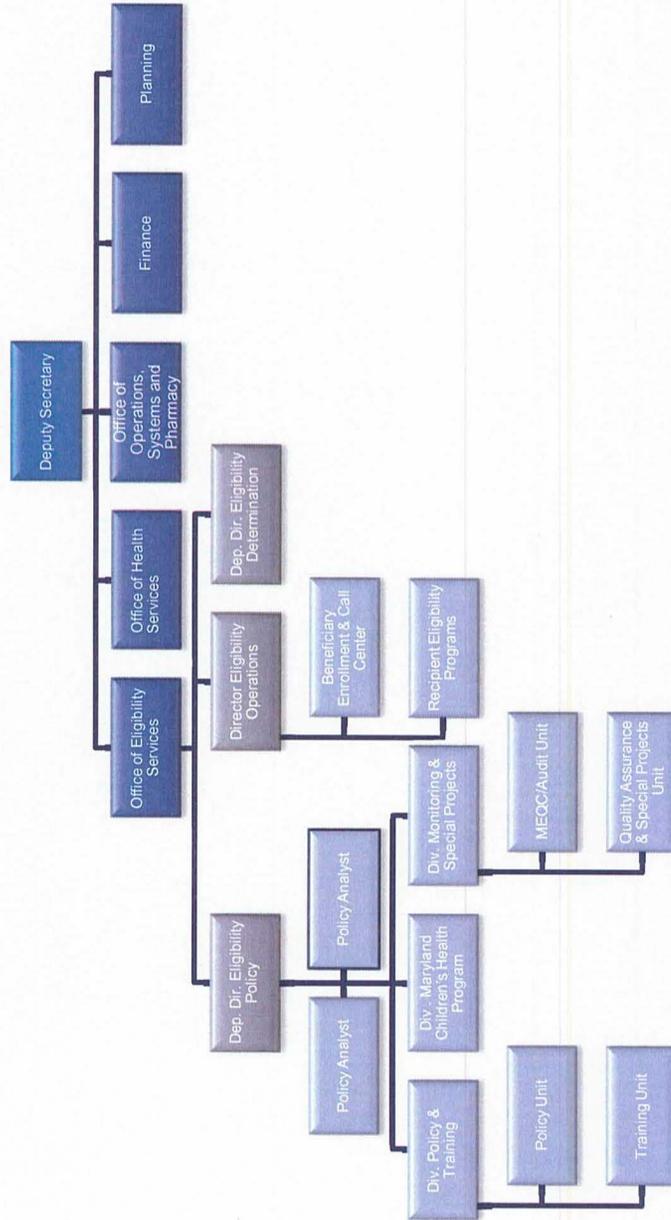
Approval Date: AUG 20 1990

Eff. Date: JUL 01 1990

# Maryland Department of Health and Mental Hygiene



# Health Care Financing



Effective Date: October 1, 2013

Approval Date: JUN 18 2014

TN: MD-13-0023MM4