

**REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
November 2016**

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.01; .21; .39	Advance Practice Nurses	The purpose of this proposal is to combine the three chapters for advanced practice nurses into one chapter.	10/26/16	12/23/16 <i>Ant.</i>		
10.09.02; .08; .09; .17; .38; .49; .50; .67; .87; .88	Manual Update (IBR) and Clean-up	The purpose of this proposal is to update the Professional Services Provider Manual and Fee Schedule that is incorporated by reference. This proposal also updates references to this document in other chapters to reflect its new title.	11/3/16	12/23/16 <i>Ant.</i>		
10.09.06; .92--.95	Hospital Regulations	The purpose of this proposal is to replace in its entirety the Hospital Services chapter and create separate chapters for Acute, Chronic, Special Pediatric and Special Psychiatric Hospitals, respectively.	10/27/16	12/23/16 <i>Ant.</i>		
10.09.08; .77	Freestanding Clinics and Urgent Care Centers	The purpose of this proposal is to update outdated information in section .04 for Freestanding Clinics and sections .04 and .06 for Urgent Care Centers.	10/20/16	12/23/16 <i>Ant.</i>		
10.09.10	Nursing Facility Services	(1) To clarify language related to the cost reports used when setting capital costs and nursing services cost indexing; (2) To extend the interim working capital fund; (3) To change the source of acuity for the pay-for-performance program; (4) To correct certain citations; (5) To modify the factors used to calculate the amount of an indemnity bond or standby letter of credit; and (6) To establish the budget adjustment factor in order to provide a rate increase of 2 percent in accordance with the Fiscal Year 2017 budget.	7/19/16	9/2/16		
10.09.14; .17; .23; .51	EPSDT Provider Manual – IBR	The purpose of this proposal is to incorporate by reference the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Provider Manual. This proposal also updates references to this document in other chapters.	10/24/16	12/9/16 <i>Ant.</i>		

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10.09.20	Community Personal Assistance Services	The purpose of this proposal is to establish that rates are in accordance with the Department's fee schedule. Indexing of rates is modified in order to be consistent among home and community-based services programs and to ensure that the amount of the applicable index will be known during the time that the annual budget is developed. In addition, unnecessary definitions are being deleted.	9/21/16	11/14/16 <i>Ant.</i>		
10.09.23; .65; .67	MCOs	The purposes of this proposal are to: (1) Increase the minimum score requirement on Healthy Kids Program quality assurance reviews from 70 to 80 percent; (2) Remove the requirement that an MCO be statewide in order to receive a portion of any outstanding funds after the initial rural access incentive is paid; (3) Clarify that MCOs must provide the services covered under the State Plan; and (4) Increase from 30 to 90 the number of days an MCO is responsible for long term care admissions.	10/17/16	11/28/16 <i>Ant.</i>		
10.09.54	Home and Community-Based Options Waiver	The purpose of this proposal modify indexing of rates in order to be consistent among home and community-based services programs and to ensure that the amount of the applicable index will be known during the time that the annual budget is developed. In addition, unnecessary definitions are being deleted.	9/26/16	11/14/16 <i>Ant.</i>		
10.09.60	Senior Prescription Drug Treatment Program	This purpose of this proposal is to update language to reflect changes to the administration of the Senior Prescription Drug Assistance Program, in compliance with House Bill 489.	10/6/16	11/28/16 <i>Ant.</i>		
10.09.62; .67; .68; .76	School Based Health Centers	The purpose of this proposal is implement one chapter of regulations for both fee-for-service and MCO School Based Health Center providers.	10/25/16	12/23/16 <i>Ant.</i>		
10.09.65.19	MCOs – Rates	The purposes of this proposal are to repeal the calendar year 2015 HealthChoice MCO's rates, to implement the calendar year 2017 HealthChoice MCO's rates and to clarify the interim rate adjustment methodology.	10/25/16	12/9/16 <i>Ant.</i>		

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10.09.70	Non-Capitated Covered Services	The purpose of this proposal is to update the ICD-10 diagnosis codes included in the behavioral health carve out. The amendment delineates which claims the Administrative Service Organization is responsible for paying and which claims the Managed Care Organizations are responsible for paying. This will bring the regulations up to date with the latest CMS mandated updates.	10/24/16	12/9/16 Ant.		
10.09.80	Community-based SUD Services	The purpose of this proposal is to change methadone reimbursement to better align service delivery with payment. This proposal adds the ability for Opioid Treatment Programs to be reimbursed separately for services, including an induction service of the selected medication (methadone or buprenorphine), periodic medication management visits, and guest dosing services. An additional purpose of this proposal is to update regulations to allow Certified or Licensed Addictions Programs (Provider Type 50s) who employ a DATA 2000 Waiver Physician to be reimbursed for periodic medication management visits and the cost of buprenorphine itself through their Certified Addictions Program.	10/21/16	12/9/16 Ant.		
10.09.84	Community First Choice	The purpose of this proposal is to establish that rates are in accordance with the Department's fee schedule. Indexing of rates is modified in order to be consistent among home and community-based services programs and to ensure that the amount of the applicable index will be known during the time that the annual budget is developed. In addition, unnecessary definitions are being deleted.	9/21/16	11/14/16 Ant.		