

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
January 14, 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)
10.09.65.19	MCO	The purposes of this proposal are to implement the mid-year adjustment to the calendar year 2015 HealthChoice MCO's rates and to implement the calendar year 2016 HealthChoice MCO's rates.	11/10/15	12/28/15		
10.09.48.03; .08	DDA TCM	The purpose of this proposal is to: - Focus Waiting List and Transition Coordination services on individuals who meet the Developmental Disabilities Administration's developmental disability eligibility criteria, - Update reimbursement rates, and - Establish a different methodology for service unit preauthorization.	11/17/15	12/28/15		
10.09.49.02; .05; .07	Telehealth Services	The purpose of this proposal is to clarify that certain substance use disorder treatment providers are included as originating sites.	12/03/15	01/08/16		
10.09.24.04	Medical Assistance Eligibility	The purpose of this proposal is to remove obsolete text from current Medicaid application signature requirements permitting an applicant to sign an application through an authorized representative without regard to the applicant's physical or mental condition.	12/02/15	01/08/16		
10.09.52.01—.04-2 and .06	Service Coordination for Children with Disabilities	The purpose of this proposal is to update regulations to reflect changes in the waiver authority approved CMS. The proposed amendments: - Update the conditions for participation for service coordinators, - Establish the risk assessment as a part of the waiver reassessment for all waiver participants, - Remove references to 504 Written Individualized Plan (WIP) from the chapter because it is no longer a requirement.	12/02/15	01/08/16		
10.09.56	Waiver for Children with Autism Spectrum Disorder	The purpose of this proposal is to update regulations to reflect the changes in the waiver authority approved by CMS. The proposed amendments will: - Establish intensive therapeutic integration as a new waiver service, - Increase the reimbursement limit of environmental accessibility adaptations, - Update the autism spectrum disorder participant eligibility requirements, staff training, and staffing for residential habilitation service.	12/02/15	01/08/16		

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10.09.61.01;.03	Medical Day Care Services Waiver	The purpose of this proposal is to update current Medical Day Care Program regulations to align with licensing regulations COMAR 10.12.04 and to clarify existing language regarding multidisciplinary teams and plans of care.	10/28/15	12/11/15		
10.09.07.01;.03- .08	Medical Day Care Services	The purpose of this proposal is to amend and add language to: (1) Align this chapter of regulations with the licensing regulations specified in COMAR 10.12.04 Day Care for the Elderly and Adults with a Medical Disability; and (2) Clarify existing language.	10/30/15	12/11/15		
10.09.84.01—.07;.13; .15, .20; and .22—.24	Community First Choice	The purpose of this proposal is to limit provision of personal assistance services to agencies that meet conditions of participation under this chapter and to adopt technical revisions consistent with the provisions of COMAR 10.09.20 Community Personal Assistance Services.	11/12/15	12/28/15		
10.09.50.01—.05 and .07	School Health-Related Services or Health-Related Early Intervention Services	The purpose of this proposal is to update COMAR 10.09.50.	11/17/15	12/28/15		
10.09.05.01;.03; .06	Dental Services	This proposal will update the existing regulations regarding the requirements for operating mobile dental units, as well as the pre-authorization of orthodontic dental services.	11/16/15	12/28/15		
10.09.34.02;.06	Therapeutic Behavioral Services	The purpose of this proposal is to update COMAR 10.09.34 by updating the reimbursement rates to reflect the 2% rate increase for behavioral health providers that became effective on 1/1/15.	10/28/15	12/11/15		
10.09.06.01;.03	Hospital Services	The purposes of this proposal are to: (1) Add the definition of a medically underserved area; (2) Require hospitals that are the sole hospital in a county that is medically underserved to contract with any willing MCO; (3) Add language to exclude individuals who are 64 ½ from being eligible for enrollment in the Managed Care Program; (4) Update the authority under which the Patient Centered Medical Home Program operates; and (5) Require MCOs whose service area includes medically underserved counties where there is only one hospital to include the hospital in its	11/03/15	12/11/15		
10.09.62.01	Definitions					
10.09.63.01	Eligibility and Enrollment					
10.09.65.02	MCOs					
10.09.66.09	Access					

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10.09.10	Nursing Facility Services	The purpose of this proposal is as follows: -To modify the phase-in schedule of the prospective reimbursement methodology. -To modify the implementation dates of the hold harmless provision. -To clarify language related to the hold harmless provision, waiver of minimum occupancy, out-of-State facility reimbursement, appeal process, and exemption from cost reporting. -To correct certain citations. -To decrease Fiscal Year 2016 Medicaid nursing facility services rates by an adjustment factor to be consistent with the Fiscal Year 2016 budget.	10/9/15	11/13/15		
10.09.20	Community Personal Assistance Services	The purpose of this proposal is to modify Medicaid coverage of personal assistance services for individuals who do not require an institutional level of care, in order to cover and pay for services in a manner that is consistent with the Program's coverage of personal assistance services under COMAR 10.09.84 Community First Choice for individuals who require an institutional level of care.	10/9/15	11/13/15		
10.09.24.08-1	Medical Assistance Eligibility	The purpose of this proposal is to amend current regulations regarding the time period during which disposals of assets (other than trusts) must be evaluated so that it is consistent with current Medicaid eligibility policy and current federal requirements.	9/25/15	11/13/15		
10.09.36	General Medical Assistance Provider Participation Criteria	The purpose of this proposal is to update provider participation criteria to require high-risk providers (newly enrolling and re-enrolling DMS/DME and Home Health providers) to undergo a fingerprint-based criminal background check prior to enrollment, a requisite of the enhanced provider screening requirements under the Affordable Care Act. This language aligns with recent federal policy clarification on "Fingerprint-Based Criminal Background Checks."	10/9/15	11/13/15		
10.09.23	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	The purpose of this proposal is to update the per diem rate for participants receiving services in an Intermediate Care Facility for substance use disorder treatment.	9/30/15	11/13/15		

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10.09.63.06	MCO: Eligibility & Enrollment	The purposes of this proposal are to: Requires MCOs to notify the Department 90 days prior to the effective date of a provider termination; At the Department's discretion, require MCOs to reimburse the Department for the costs of notifying enrollees of their right to change MCOs due to a primary care provider contract termination; Update an incorrect cross reference; Add language to limit MCO applicants from applying to participate in the Program, if there are no underserved areas in the State; Clarify that MCO provider termination surveys are required for all provider types; and Include physician assistants as allowable PCPs.	8/13/15	9/18/15	11/13/15	
10.09.64.05	MCO Application					
10.09.65.17	MCOs					
10.09.66.06	MCO Access					
10.09.02	Physicians' Services	The purpose of this proposal is to align Medicaid coverage of gender reassignment with the Maryland State Employees' Health Benefit program and recent changes in Medicare policy.	11/25/14	1/23/15	11/30/15	12/10/15