| **COMAR** | **TITLE** | **PURPOSE** | **AELR DATE** | **DATE OF 1ST PRINTING IN MD REG** | **DATE OF FINAL PRINT IN MD. REG.** | **APPROVED**  **(10 DAYS AFTER FINAL)** |
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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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 10.09.06.01, .03  10.09.62.01  10.09.63.01  10.09.65.02  10.09.66.09 | Hospital Services  Definitions  Eligibility and Enrollment  MCOs  Access | 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 network. | 11/03/15 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |
| 10.09.63.06  10.09.64.05  10.09.65.17  10.09.66.06 | MCO: Eligibility & Enrollment  MCO Application  MCOs  MCO Access | 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 |  |  |
| 10.09.84.06, .23 | Community First Choice | The purpose of this proposal is to specify dates by which participant-employed providers of personal assistance may no longer enroll, nor bill, and by which plans of service may no longer include participant-employed providers. It also establishes a requirement for agencies that provide personal assistance services to collect and maintain documentation to verify services rendered. | 7/7/15 | 8/21/15 | 10/30/15 | 11/09/15 |
| 10.09.23.04  10.09.28.04 | EPSDT Services  Residential Rehab. For Children | The purpose of this proposal is to repeal residential rehabilitation services from regulations to align with the Medicaid State Plan. Maryland will remove residential rehabilitation services from its State Plan with CMS effective July 1, 2015. And, remove residential rehabilitation as a covered service under EPSDT services. | 6/25/15 | 8/7/15 | 10/16/15 | 10/26/15 |
| 10.09.49 | Telehealth | The purpose of this proposal is to combine the Maryland Telemedicine Program and the Maryland Medicaid Telemental Health Program under the same chapter Telehealth. | 6/5/15 | 7/10/15 | 10/16/15 | 10/26/15 |
| 10.09.70 | Maryland Medicaid Managed Care Program: Non-Capitated Covered Services | The purpose of this amendment is to update and clarify behavioral health services that MCOs are not required to reimburse as a result of the ASO transition. | 5/27/15 | 7/10/15 | 10/16/15 | 10/26/15 |
| 10.09.59 | Specialty Mental Health Services | The purpose of this amendment is to update and clarify behavioral health services delivered by specialty mental health providers within the Public Behavioral Health System. | 6/12/15 | 7/24/15 | 10/16/15 | 10/26/15 |
| 10.09.75 | Maryland Medicaid Managed Care Program: Corrective Managed Care | The purpose of this proposal is to clarify the criteria and processes for the MCO’s corrective managed care (CMC) programs and to require MCOs to implement a CMC program. | 5/19/15 | 6/26/15 | 10/16/15 | 10/26/15 |
| 10.09.65.03  10.09.67.04; .07; .27  10.09.69.17  10.09.72.06 | MCOs  Benefits  REM  Departmental Dispute Resolution Procedures | The purpose of this action is to:   1. Remove outdated Value Based Purchasing language; 2. Clarify that only over-the-counter emergency contraceptives are covered without a prescription; 3. Move coverage of transportation between hospitals from MCO Limitations to Covered Hospital Services; 4. Update REM diagnosis codes to ICD10; and 5. Clarify that IRO decisions can be appealed by the MCO | 5/14/15 | 7/10/15 | 10/16/15 | 10/26/15 |
| 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 |  |  |