

INTERNAL REGULATIONS REPORT: July 18, 2023

COMAR	TITLE	PURPOSE	SUBMITTED TO AELR	DATE OF 1ST PRINT IN MD REG.	COMMENT PERIOD END DATE	DATE OF FINAL PRINT IN MD REG.	DATE APPROVED (10 DAYS AFTER FINAL)
10.09.49 & 10.09.96	Telehealth Services & Remote Patient Monitoring	To update the Maryland Medicaid telehealth and remote patient monitoring regulations in compliance with Senate Bill 3, Preserve Telehealth Access Act of 2021.	10/3/22	11/18/22	12/19/22	7/14/23	7/24/23
10.09.55	Physician Assistants	To align regulations with current policy and practice related to services appropriately rendered via telehealth by physician assistants.	11/10/22	12/30/22	1/30/23	6/30/23	7/10/23
10.09.05	Dental Services	To align regulations with current policy and practice related to services appropriately rendered via telehealth by dental providers. Clarifies periodontal preauthorization requirements, removes occlusal adjustment preauthorization requirements, and incorporates by reference the 2022 Dental Fee Schedule. Further aligns regulations to permit Medicaid to provide coverage of dental services for adults effective January 1, 2023.	10/14/22	12/30/22	1/30/23	6/30/23	7/10/23
10.09.02	Physician Services	To update the Maryland Medical Assistance Program Professional Service Provider Manual and Fee Schedule incorporated by reference; allow services rendered via telehealth to be reimbursed in compliance with COMAR 10.09.49 and remove limitations on the reimbursement of services rendered by telephone between in accordance with SB03; clarify the services for which a provider may be reimbursed up to acquisition costs; allow physicians to be reimbursed for visits solely for the purpose of administering certain vaccines; change the outdated term recipient to participant; and correct a reference in Regulation .09 to the provider participation criteria in Regulation .03.	12/9/22	1/13/23	2/13/23	6/30/23	7/10/23
10.09.77	Urgent Care Centers	The purpose of this action is to: Ease the condition for participation that an urgent care center have a physician on site during hours of operation by allowing certified nurse practitioners and physician assistants to satisfy this requirement; permit services rendered via telehealth to be reimbursed in compliance with COMAR 10.09.49 Telehealth Services; and replace outdated term 'recipient' with 'participant' throughout the chapter.	12/9/22	1/13/23	2/13/23	6/30/23	7/10/23
10.09.40, 10.09.52, & 10.09.76	Early Intervention Services Case Management, Service Coordination for Children with Disabilities, & SBHC	Combined education proposal: 10.09.40 – updates terminology to reflect current practices; 10.09.52 – clarifies distinctions between service coordination for Autism Waiver and IEP/IFSP participants; 10.09.76 -- Align regulations with the provisions of Senate Bill 830, Secretary of Health – School Based Health Centers – Guidelines and Administration of Grants, 2021, Ch. 606 & Senate Bill 3, Preserve Telehealth Access Act of 2021.	11/10/22	1/13/23	2/13/23		

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10.09.54	Home and Community Based Options Waiver (HCBOW)	The purpose of this action is to clarify coverage for services provided via telehealth to Medicaid participants by Home and Community-Based Options Waiver (HCBOW) providers, in accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021. Additionally, the proposed action adds the HCBOW services fee schedule to the payment procedures regulation.	12/13/22	2/10/23	3/13/23		
10.09.56	Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder	The purpose of this action is to incorporate the Autism Waiver services fee schedule into regulations, including increased reimbursement rates for services covered under this chapter, pursuant to Ch. 484 (Senate Bill 290), Acts of 2022 - Fiscal Year 2023 Budget Bill and the Governor's Supplemental Budget.	12/13/22	2/24/23	3/27/23		
10.09.15	Podiatry Services	To align regulations with current policy and practice related to services appropriately rendered via telehealth by podiatry services providers, and replace term "recipient" with "participant" to reflect current terminology.	11/10/22	2/24/23	3/27/23		
10.09.01	Advance Practice Nurse Services	To align regulations with current practices for rendering of telehealth in compliance with COMAR 10.09.49, and remove the term "recipient" and replace it with "participant".	11/10/22	2/24/23	3/27/23		
10.09.17	Physical Therapy Services	To align regulations with current policy and practice related services rendered via telehealth by cross-referencing requirements established in COMAR 10.09.49 Telehealth Services.	11/10/22	2/24/23	3/27/23		
10.09.48	Targeted Case Management for People with Developmental Disabilities (DDA TCM)	The purpose of this action is to increase the reimbursement rate for Developmental Disabilities Administration (DDA) targeted case management (TCM) providers by 8 percent.	12/13/22	3/24/23	4/24/23		
10.09.10	Nursing Facility Services	The purpose of the proposed action is to update the budget adjustment factor for FY 2023 and extend the sunset date for the Interim Working Capital Fund for one year.	1/24/23	3/24/23	4/24/23		
10.09.89	1915(i)	The purpose of the proposed action is to update the listed provider reimbursement rate to the 7.25 percent increased rate, effective for Fiscal Year 2023, pursuant to Senate Bill 290 Fiscal Year 2023 Budget (2022) and the Governor's supplemental budget. This action also consolidates the new and existing reimbursement rates under Regulation .14 Payment Procedures.	12/13/22	3/24/23	4/24/23		

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10.09.33	Health Homes	The purpose of this action is to codify the increase in provider rate by 7.25% for Fiscal Year 2023. This action also updates COMAR references and adds clarifying language regarding the enrollment process.	12/13/23	3/24/23	4/24/23		
10.09.12	Disposable Medical Supplies and Durable Medical Equipment	The purpose of the proposed action is to update the Disposable Medical Supplies and Durable Medical Equipment (DMS/DME) payment procedures to reflect that the Department reimburses for Medicare-covered equipment and supplies at 85 percent of the Medicare rates established on January 1 of each year, in accordance with the approved budget for Fiscal Year 2023. In addition, the proposed action clarifies the methodology as to how the Department reimburses for Medicare-covered items.	12/13/22	3/24/23	4/24/23		
10.09.09	Medical Laboratories	The proposed action updates the Medical Laboratory Fee Schedule incorporated by reference, adds preauthorization requirements for laboratory services and replaces the outdated term "recipient" with "participant".	12/13/23	3/24/23	4/24/23	7/14/23	7/24/23
10.09.27	Home Care for Disabled Children Under a Model Waiver	The purpose of this action is to implement a rate increase for Model Waiver services, pursuant to Senate Bill 290 (Fiscal Year 2023 Budget) and the Governor's supplemental budget. Additionally, this action clarifies coverage for services provided via telehealth to Medicaid participants by Model Waiver providers, in accordance with Ch.7 (S.B. 3), Acts of 2021, Preserve Telehealth Access Act of 2021.	12/13/23	3/24/23	4/24/23		
10.09.23	EPSDT Services	To update the Audiology, Physical Therapy, and Early Periodic, Screening, Diagnosis, and Treatment Provider Manual incorporated by reference effective January 1, 2022; permit certain services to be rendered via telehealth to be reimbursed in compliance with COMAR 10.09.49 Telehealth Services; other minor clean-ups.	12/13/23	3/24/23	4/24/23		
10.09.34	TBS	The purpose of this action is to update reimbursement rates for initial therapeutic assessments and reassessments, and therapeutic behavioral services for dates of service on or after July 1, 2022.	1/24/23	3/24/23	4/24/23		
10.09.29	Residential Treatment Center Services (RTC)	The purpose of the proposed action is to enable providers to bill for an increased maximum rate for residential treatment center (RTC) services for dates of service starting on January 1, 2023. The action also adds language describing the Department's RTC rate rebasing practices.	12/13/22	4/7/23	5/8/23		

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10.09.04	Home Health	The proposed changes align regulations with current policy and practice related to services appropriately rendered via telehealth by home health providers. Additionally, this action codifies reimbursement procedures, including a 4 percent increase pursuant to FY 2023 budget. Finally, it codifies federally-required electronic visit verification procedures that will be applicable to home health providers beginning January 1, 2023.	12/13/23	4/7/23	5/8/23		
10.09.53	EPSDT: Nursing Services for Individuals Younger than 21 Years Old	The purpose of this action is to effectuate Fiscal Year 2023 rate increases for services covered under this chapter.	1/24/23	4/7/23	5/8/23		
10.09.07	Medical Day Care Services	The purpose of this action is to effectuate Fiscal Year 2023 rate increases for services covered under this chapter.	1/24/23	4/7/23	5/8/23		
10.09.62	Separate Children's Health Insurance Program (CHIP) and CHIP Health Services Initiative Eligibility	New chapter to effectuate changes by HB1080. Additional edits to 10.67.01 and 10.67.02.	6/2/23				
10.09.63	Community Violence	The purpose of the proposed action is to provide community violence prevention services and establish requirements for prevention professionals to become trained and certified. This proposed action will be effective July 1, 2023, in accordance with Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Services (Chapter 505 of the 2022 Acts).	5/25/23	6/30/23	7/31/23		
10.67.08	MCO: Non-Capitated Covered Services	The purpose of the proposed action is to update the list of behavioral health diagnosis codes to reflect the addition of new International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes. The proposed action also updates the current revenue codes included in the behavioral health carve out and corrects COMAR references.	5/30/23	7/14/23	8/14/23		
10.09.28	Applied Behavior Analysis Services	The purpose of the proposed action is to effectuate a 7.25 percent rate increase for ABA services effective July 1, 2022, in accordance with the FY2023 State budget (SB290) and the Governor's supplemental budget. Additionally, the proposed action updates definitions, provider qualifications, and covered services to reflect the Department's decision to allow behavior technicians (BTs) to provide ABA services to eligible participants.	5/26/23	6/30/23	7/31/23		

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10.09.08	Freestanding Clinics	In accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021, 2021, Ch. 71, and House Bill 937, Abortion Care Access Act of 2022, 2022, Ch. 58, the purpose of the proposed action is to specify services appropriately rendered via telehealth by freestanding clinics including indirect face-to-face services and allow certain additional qualified providers to provide abortion care services. This proposal also clarifies and updates language throughout the chapter to align regulations with current practice and terminology.	5/12/23	6/30/23	7/31/23		
10.09.30	Statewide Evaluation and Planning Services (STEPS)	In accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021, 2021, Ch. 71, the purpose of the proposed action is to specify services appropriately rendered via telehealth by providers of comprehensive evaluations under this chapter. The Department is also aligning this chapter of regulations with current practice associated with comprehensive evaluations performed by the Local Health Departments (LHD), or other contracted entity, to determine eligibility for services, inform individuals of available services, or as required for Geriatric Evaluation Services (GES) or Preadmission Screening and Resident Review (PASRR).	6/8/23				
10.09.36	General Medical Assistance Provider Participation Criteria	The proposed action is necessary to clarify certain provider requirements and conditions for participation in the Maryland Medicaid Program. This includes aligning regulations regarding provider enrollment, certification, audits, and appeals with current Department policy.	5/12/23	6/30/23	7/31/23		