

MMAC REGULATIONS REPORT: January 10, 2024

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)
10.09.44	Programs of All Inclusive Care for the Elderly (PACE)	The purpose of the proposed action is to document in regulation the annual rates to be paid to PACE providers pursuant to the State Plan Amendment approved by the Centers for Medicare and Medicaid Services (CMS), as well as to document in regulation reporting requirements and sanctions for PACE Providers. PACE is undergoing a significant expansion, and as a result the numbers of PACE providers and participants will increase. These changes in regulation are necessary to protect Marylanders who choose to participate in PACE due to the increased number of providers servicing this highly needy population.	12/4/23				
10.67.02; 10.67.04; 10.67.06; 10.67.08	HealthChoice	The purpose of this action is 1) to update rates and reporting requirements for Managed Care Organizations, 2) to align regulations with the Health Babies Equity Act and the Adult Dental coverage, 3) to align very low birth weight policy with FDA decision, 4) to repeal the rural access incentive and replace with health equity incentive, and 5) to implement reimbursement of fertility preservation procedures and additional gender-affirming treatments.	12/4/23				
10.09.36	General Medical Assistance Provider Participation Criteria	The purpose of this action is to update existing regulations to better align them with globally applicable payment procedures for participation in the Maryland Medicaid Program.	12/4/23				
10.09.24	Medical Assistance Eligibility	The purpose of this action is to: (1) Establish an Express Lane Eligibility (ELE) program to streamline and expedite enrollment of eligible individuals in the Maryland Medicaid Assistance Program and MCHP in accordance with Senate Bill 26—Maryland Medical Assistance Program, Maryland Children’s Health Program, and Social Services Programs – Eligibility and Enrollment and Workgroup on Low Income Utility Assistance—(Chapters 282 of the Acts of 2023). (2) Provide continuous eligibility for individuals under the age of 19 and enrolled in Medicaid or CHIP in accordance with the Consolidated Appropriations Act, 2023 (CAA). (3) Update the regulations to no longer disenroll children during their continuous eligibility period due to non-payment of premiums under the MCHP Premium program, a continuation of the practice under the COVID-19 Public Health Emergency.	12/1/23				

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10.09.48	DDA TCM	The purpose of this action is to increase the reimbursement rate for Developmental Disabilities Administration (DDA) targeted case management (TCM) providers by 4 percent for Fiscal Year (FY) 2024.	12/4/23				
10.09.80	Community-Based Substance Use Disorder Services	The purpose of this action is to update the listed provider reimbursement rate to the 3 percent increased rate, effective for Fiscal Year 2024, pursuant to House Bill 200 Fiscal Year 2024 Budget (2023). This proposal also removes the reference to the Data 2000 Waiver pursuant to the removal of this federal waiver per Section 1262 of the Consolidated Appropriations Act, 2023.	11/20/23				
10.09.89	1915(i)	The purpose of this action is to update the listed provider reimbursement rate to the 3 percent increased rate, effective for Fiscal Year 2024, pursuant to House Bill 200 Fiscal Year 2024 Budget (2023).	12/5/23				
10.09.06	Adult Residential Substance Use Disorder Services	The purpose of this action is to update the listed provider reimbursement rate to the 3 percent increased rate, effective for Fiscal Year 2024, pursuant to House Bill 200 Fiscal Year 2024 Budget (2023).	11/20/23				
10.09.46	Waiver for Individuals with Brain Injury	The purpose of this action is to update the Brain Injury Waiver Services fee schedule.	12/5/23				
10.09.56	Waiver for Children with Autism Spectrum Disorder	The purpose of this action is to update regulations to reflect changes to the approved CMS waiver document. Additionally, the proposed action will update the fee schedule for Autism Waiver providers effective 7/1/2023	12/4/23				
10.09.33	Health Homes	The purpose of this action is to update the listed provider reimbursement rate to the 3% increased rate, effective for Fiscal Year 2024, pursuant to House Bill 200 Fiscal Year 2024 Budget (2023).	12/5/23				
10.09.21	Pharmacists	To allow pharmacists to be reimbursed for all services within the pharmacist's lawful scope of practice, rather than only certain services to align with Senate Bill 678.	12/1/23				
10.09.64	Collaborative Care Model	To Implement the collaborative care model (CoCM) statewide, (in accordance with HB0048/SB101, Chapters 284 and 285 of the Acts of 2023). CoCM is an evidence-based model where primary behavioral health services are delivered in a primary care setting with the help of a behavioral health case manager and a consulting psychiatric provider.	12/4/23				

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10.09.53	Early and Periodic Screening, Diagnosis, and Treatment: Nursing Services for Individuals Younger than 21 Years Old	The purpose of this action is to clarify the current application of regulations concerning covered medically necessary services; specifically, nursing services which include registered nurse, licensed practical nurse, certified nursing assistant, certified nursing assistant certified as a certified medication technician (CNA-CMT), home health aide and home health aide certified as a certified medication technician (HHA-CMT) services.	12/6/23				
10.09.69	Maryland Medicaid Managed Care Program: Rare and Expensive Case Management	The purpose of this action is to clarify the current application of regulations concerning covered medically necessary services; specifically, covered optional services in COMAR 10.09.69.12 which include private duty nursing, certified nursing assistant, certified nursing assistant certified as a certified medication technician (CNA-CMT), home health aide and home health aide certified as a certified medication technician (HHA-CMT) services.	12/6/23				
10.09.10	Nursing Facility Services	To update the budget adjustment factor for FY 2024 and Extend the sunset date for the Interim Working Capital Fund for one year	12/1/23				
10.09.92	Acute Hospitals	To update current policy to include coverage of medically necessary ancillary services on administrative days.	11/20/23				
10.09.02	Physicians' Services	The purpose of this action is to: 1. Update the Maryland Medical Assistance Program Professional Service Provider Manual and Fee Schedule incorporated by reference; and 2. Remove the language limiting coverage of vaccines required solely for travel outside the continental United States.	10/23/23	12/1/23	1/1/24		
10.09.39	Doula Services	The purpose of the proposed action is to expand the list of Medicaid-approved doula certification organizations, in accordance with stakeholder feedback and a departmental review. Additionally, the proposed action adds a reference to the Professional Services Provider Manual and Fee Schedule which contains reimbursement rates for doula services covered under this regulation.	10/23/23	12/1/23	1/1/24		
10.09.36	General Medical Assistance Provider Participation Criteria (EVV)	To eliminate a restrictive requirement that prohibits Medicare eligible or enrolled individuals from participating in the Maryland Medicaid Family Planning Program, in order to align with less restrictive federal law	9/8/23	9/8/23	10/9/23		

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10.09.41	Employed Individuals with Disabilities	The purpose of this proposal is to expand the eligible population for the Employed Individuals with Disabilities (EID) Program by establishing less restrictive financial eligibility requirements and setting new premium levels for higher-income recipients.	7/5/23	8/11/23	9/11/23	12/15/23	12/25/23
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	12/1/23	12/11/23
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	7/28/23	8/28/23	12/1/23	12/11/23
10.09.16	Behavioral Health Crisis Services	New chapter to implement Maryland Medicaid's coverage of behavioral health crisis services. This proposal establishes mobile crisis team and behavioral health crisis stabilization center services and codifies the coverage, requirements, and reimbursement procedures for these two new benefits.	12/4/23				
10.09.24	Medical Assistance Eligibility	The purpose of this proposal is to update the FFCC definition in accordance with the SUPPORT for Patients and Communities Act of 2018.	8/11/23	9/8/23	10/9/23		