

List of Exhibits

Exhibit 1- Maryland Medicaid Programs and Waivers

Exhibit 2- MMIS Screen Shots

Exhibit 3- Provider Matrix

Exhibit 4- PBHS Service Matrix

Exhibit 4b- ABA Service Matrix

Exhibit 5- COMAR Regulations

Exhibit 6- SUD and MH Authorization Specification

Exhibit 7- Reports

Exhibit 8- Maryland Crisis Hotlines by County

Exhibit 9- Connectivity to MDH File Exchange

Exhibit 10- ACA Implementation Guide

Exhibit 11- Required Data Elements

Exhibit 12- AWARE Application

Exhibit 12b- DORS App _Employment Barriers

Maryland Medicaid Programs and Waivers

Home and Community Based Services Waiver (1915c)

Community Options Waiver

Autism Waiver

Model Waiver

Brain Injury Waiver

Community Pathways Waiver (DDA)

Community Supports Waiver (DDA)

Family Supports Waiver (DDA)

Medical Day Care Waiver- new

1115 Waiver

Health Choice

Adult Residential Substance Use Disorder

Home Visiting Pilot

Assistance in Community Integration Services

Increasing Community Services

Other Medicaid Programs

Maryland Children's Health Program

Medical Assistance

Employed Individuals with Disabilities Program

Maryland Medicaid Health Homes

Provider File Screen 1

| | | | |
|----|----------------------------|-----------------------------------|-----------------------------|
| 1 | PROV: [REDACTED] | PROVIDER MASTER DISPLAY SCREEN 1 | CURR-DATE: 06/22/18 |
| 2 | NME BH/ASO | LAST-TRANS: 050917 | USER: 655 |
| | ADD 201 W PRESTON ST 3 | NPI 4 [REDACTED] | DOB 01010001 VER SRC |
| | | CTY BALTIMORE | ST MD ZIP 21201 0 6 |
| | REF: N TEL: 5 [REDACTED] 2 | CNTY: 30 BALTCITY | OUT-ST: C TYPE: MH PARTIAL |
| | SORT: BH/ASO | TAX-ID 9 [REDACTED] | SSN: 10 [REDACTED] |
| 7 | LIC-NO: [REDACTED] | LIC-BEG: 8 [REDACTED] | LIC-EXP: [REDACTED] |
| | LAB-PERMIT | TAXONOMY | CLIA: [REDACTED] |
| 11 | TYP-PRAC: 99 OTHER | OWN: 5 FOR-PROFIT | HMO-TYPE-CAT: FR FR W/ABORT |
| | PRIM SPECIALTY | DATE CERT | PRIM SPECIALTY DATE CERT |
| | 14 | | |
| | REVALID DT: | APPLIC-DATE: 051697 | MCAID-AGREEMENT: Y NCPDP |
| | ----- ENROLLMENT ----- | ----- NUMBER OF OCCURRENCES ----- | |
| 12 | STATUS | DATE | |
| | 42 A-NP ADV 13 | 050197 | |
| | CAT-OF-SVC (PF2): | 4 | GROUPS (PF2): 0 |
| | BILLING AGENTS (PF2): | 0 | ADDRESSES (PF3): 2 |
| | RATES (PF4): | 0 | HOLD-REVIEW (PF4): 0 |
| | BILL-AGENT-MEMS (PF6): | 0 | GROUP-MEMS (PF5): 0 |
| | MANAGED-CARE (PF11): | 0 | LAB-CLASSES (PF9): 0 |
| | NEW-PROV: | PREV-PROV: | |

- 1) Provider MA #
- 2) Provider Name
- 3) Provider Service Address
- 4) NPI
- 5) Telephone #
- 6) Provider type
- 7) License #
- 8) License Begin/End date

- 9) Tax ID
- 10) Social Security Number
- 11) Practice Type (Individual, group, other)
- 12) Enrollment Status
- 13) Enrollment Effective Date
- 14) Specialty Codes

Provider File Screen 2

PROV: 0211818 00 PROVIDER MASTER DISPLAY SCREEN 2 CURR-DATE: 06/22/18
NAME: JESSICA BRANCH

----- CATEGORY OF SERVICE SPANS -----
1 BEGIN END CATEGORY OF SERVICE CODES
090109 999999 XC 2
091608 999999 PK
091608 090109 1A EB PK

3 GROUP BEGIN END GROUP BEGIN END GROUP BEGIN END
0632104 00 101608 011314
4

BILLING-AGENTS:

- 1) Begin date (Category of Service)
- 2) COS
- 3) MA# Affiliated
- 4) Begin date (Affiliation)

Recipient Eligibility Screen 1

| | | | | | | | | | | | | | |
|--------------------------------|-----------|--|----------|------------------------------|-----------------|-------------------|-----------------|------|------|--------|--------|----------|---------------|
| 06/22/18 | | RECIPIENT ELIGIBILITY DISPLAY SCREEN 1 | | | | USER: 422 INQUIRY | | | | | | | |
| REISSUE: | | LAST TRANS: 013118 | | | | UPD-USER: 497 | | | | | | | |
| RECI | 1 | 0000 | HOH/C005 | 110000050 | MPI: | BATCH-UP: 021217 | | | | | | | |
| ORIG- | 000005901 | CARES- | 0000050 | HOHMPI: | PREV-UP: 092817 | | | | | | | | |
| CURR- | 000005000 | 2 | 00000970 | FT0 | 0000023C1 | MBI: 1VT3K52GN12 | | | | | | | |
| L | 3 | 0000 | 4 | FNME: JAMES | MI: | SFX: | ELIG: 004 (PF1) | | | | | | |
| A | | APPL-DT: 022609 | | A/P: N | | HMO: (PF2) | | | | | | | |
| A | | INSR: T6 TPL: 7C | | MEDICRE: P | | (PF3) | | | | | | | |
| A | | DEC-DT: 013118 | | LTC: | | (PF4) | | | | | | | |
| CITY: BALTIMORE | | 6 | | BI 00000957 DEATH: | | WAIVER: P (PF5) | | | | | | | |
| STATE: MD ZIP: 21215 | | RC: C | | EC: LC: SEX: M | | MNG-CRE: P (PF6) | | | | | | | |
| RES-CNTY: 30 BALT CITY | | HOSP-NUM: | | NEW-IDS: 008 (PF7) | | | | | | | | | |
| PHONE: | | DT-OF-ENTRY: | | SPC PGM: | | | (PF8) | | | | | | |
| CITZ-IDEN: MC 01 DIST-OFF: 249 | | UNIT: EID | | MCO: | | | (PF9) | | | | | | |
| INCOME: 00000 | | ASSETS: 00000 | | ORIG: N HOH-ID: 000000000000 | | CARES-DT: 072811 | | | | | | | |
| SCREEN-DT: 013118 | | EPSDT: N | | RETURN-CD: | | VCN: 1 | | | | | | | |
| ISSUE-DT: 121316 | | | | | | | | | | | | | |
| ----- ELIGIBILITY SPANS ----- | | | | | | | | | | | | | |
| NO | BEGIN | END | COV | TYP | CAT | SCP | SPLT-AMT | CIT | SRC | CN-RSN | EVS-DT | LST-TRAN | G |
| 7 | 01 | 020117 | 8 | 118 | S13 | D | 29 | 9 | 0.00 | A | D | CAN | 013118 013118 |
| | 02 | 020115 | 013117 | S13 | D | 29 | 9 | 0.00 | A | D | CAN | | 021217 |
| | 03 | 020114 | 013115 | S13 | D | 29 | 9 | 0.00 | A | D | CAN | 013115 | 102114 |
| | 04 | 020113 | 013114 | S13 | D | 29 | 9 | 0.00 | A | D | CAN | 013114 | 102513 |
| | 05 | | | | | | | | | | | | |

- 1) Recipient ID
- 2) SSN
- 3) Recipient Last Name
- 4) Recipient First Name
- 5) Address
- 6) Birth Date
- 7) Begin/End Date Coverage

- 8) Eligibility Group

Recipient Eligibility Screen 8

| | | | | | | | | | | | | | | |
|--------------------------------|------|--|------------|----------------|----------|-----|------|------------|------------|------|-----------------|---|------|--|
| 07/05/18 | | RECIPIENT ELIGIBILITY DISPLAY SCREEN 8 | | | | | | INQUIRY | | | | | | |
| RECIP | | 1 | [REDACTED] | | | | 4400 | N | | 2 | [REDACTED] AITH | | | |
| CMC PENDING: | | | | CMC EXPR DATE: | | | | INSR: T6 | | | | | | |
| -----SPECIAL PROGRAM DATA----- | | | | | | | | | | | | | | |
| NO | PLAN | IMP | BEG | END | PROVIDER | ENR | DIS | DIS | CC | FILE | RESOURCE | | | |
| | ID | SAV | DATE | DATE | NUMBER | SRC | RSN | SRC | | NUM | | | | |
| 3 | 01 | BHH | 4 | 10 | 5 | 15 | 9999 | 6 | [REDACTED] | 0200 | | | 0.00 | |
| | 02 | BHH | | 09 | 17 | 14 | 0930 | [REDACTED] | 0200 | | A02 | A | 0.00 | |

- 1) Recipient Number
- 2) Recipient Name
- 3) Special Program Code
- 4) Effective Date
- 5) End Date
- 6) Provider Number

Procedure Code Screen 1

| 06/22/18 | PDD FILE--PROCEDURE DISPLAY SCREEN 1 | | | | | | | | | | INQUIRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|--|----------------------------------|----------|----------------|-------|-------|------------|---|-------------|--|--|--|--|--|--|--|--|--|------|--|-------|------|--|-------|------|--|-------|------|--|-------|-----------|--|--|-----------|-----|--|-----------|-----|--|-----------|---|--|-----------|---|--|----------|--|--|------------|---|--|----------|---|--|---------|---|--|-----------|---|--|-------------|---|--|----------|---|--|-----------|---|--|---------|---|--|-------------|---|--|------------|---|--|----------|-----|--|-----------|---|--|-------------|-------|--|------------|---|--|----------|--|--|-----------|---|--|-------------|---|--|------------|---|--|----------|---|--|-----------|---|--|-------------|---|--|------------|--|--|----------------|--|--|--|--|--|-------------|---|--|---------|---|--|
| 1 | TYPE: 1 | 1 | CODE: 90791 | DT: 030118 | USR: 999 | BEG: 010113 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | SHORT9: PSYCH DIAGNOSTIC EVALUATION | | | | | | | | | | END: 999999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | LONG9: PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LONG10: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | CONV-IND: N | 5 | SCRATCHPAD: | LAB-CLS: | 4 | CAT-OF-SVC: PK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | PROC-MOD | E | GQ H9 QJ TC UK 32 47 80 81 82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | PL OF SVC | I | 03 04 11 12 13 21 22 23 32 33 34 53 62 71 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | PROV-TYPE | 8 | I | CC MC 15 20 23 24 27 34 35 91 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | PROV-SPEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | CLAIM-TYPE | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | RECIP-PROG | E | P10 S12 X02 X03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <thead> <tr> <th colspan="2">ICD9</th> <th>ICD10</th> <th colspan="2">ICD9</th> <th>ICD10</th> <th colspan="2">ICD9</th> <th>ICD10</th> <th colspan="2">ICD9</th> <th>ICD10</th> </tr> </thead> <tbody> <tr> <td>CTL-CODE:</td> <td></td> <td></td> <td>MIN-AGE :</td> <td>000</td> <td></td> <td>MAX-AGE :</td> <td>999</td> <td></td> <td>VAL-SEX :</td> <td>B</td> <td></td> </tr> <tr> <td>ABORTION:</td> <td>N</td> <td></td> <td>STERIL :</td> <td></td> <td></td> <td>FAM-PLAN :</td> <td>N</td> <td></td> <td>HYSTER :</td> <td>N</td> <td></td> </tr> <tr> <td>CO-PAY:</td> <td>N</td> <td></td> <td>ASC-IND :</td> <td>N</td> <td></td> <td>FROM-THRU :</td> <td>N</td> <td></td> <td>TRAUMA :</td> <td>N</td> <td></td> </tr> <tr> <td>REFR-IND:</td> <td>N</td> <td></td> <td>EPSDT :</td> <td>N</td> <td></td> <td>MCARE-COV :</td> <td>Y</td> <td></td> <td>NURS-HOME:</td> <td>Y</td> <td></td> </tr> <tr> <td>POST-OP:</td> <td>000</td> <td></td> <td>ONCE-LFE:</td> <td>N</td> <td></td> <td>MAX-UNITS :</td> <td>00001</td> <td></td> <td>DIAG-REQ :</td> <td>Y</td> <td></td> </tr> <tr> <td>DUP-CHK:</td> <td></td> <td></td> <td>ELE-SURG:</td> <td>N</td> <td></td> <td>MULTI-SURG:</td> <td>N</td> <td></td> <td>VST-SURG :</td> <td>N</td> <td></td> </tr> <tr> <td>TOOTHQD:</td> <td>N</td> <td></td> <td>TOOTHSRF:</td> <td>N</td> <td></td> <td>TOOTHCHAR :</td> <td>N</td> <td></td> <td>DECIDUOUS:</td> <td></td> <td></td> </tr> <tr> <td>PROV-RATE-INFO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROV-TYPE :</td> <td>Y</td> <td></td> <td>OTHER :</td> <td>Y</td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | | | | | | | | | | | ICD9 | | ICD10 | ICD9 | | ICD10 | ICD9 | | ICD10 | ICD9 | | ICD10 | CTL-CODE: | | | MIN-AGE : | 000 | | MAX-AGE : | 999 | | VAL-SEX : | B | | ABORTION: | N | | STERIL : | | | FAM-PLAN : | N | | HYSTER : | N | | CO-PAY: | N | | ASC-IND : | N | | FROM-THRU : | N | | TRAUMA : | N | | REFR-IND: | N | | EPSDT : | N | | MCARE-COV : | Y | | NURS-HOME: | Y | | POST-OP: | 000 | | ONCE-LFE: | N | | MAX-UNITS : | 00001 | | DIAG-REQ : | Y | | DUP-CHK: | | | ELE-SURG: | N | | MULTI-SURG: | N | | VST-SURG : | N | | TOOTHQD: | N | | TOOTHSRF: | N | | TOOTHCHAR : | N | | DECIDUOUS: | | | PROV-RATE-INFO | | | | | | PROV-TYPE : | Y | | OTHER : | Y | |
| ICD9 | | ICD10 | ICD9 | | ICD10 | ICD9 | | ICD10 | ICD9 | | ICD10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CTL-CODE: | | | MIN-AGE : | 000 | | MAX-AGE : | 999 | | VAL-SEX : | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABORTION: | N | | STERIL : | | | FAM-PLAN : | N | | HYSTER : | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO-PAY: | N | | ASC-IND : | N | | FROM-THRU : | N | | TRAUMA : | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFR-IND: | N | | EPSDT : | N | | MCARE-COV : | Y | | NURS-HOME: | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST-OP: | 000 | | ONCE-LFE: | N | | MAX-UNITS : | 00001 | | DIAG-REQ : | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DUP-CHK: | | | ELE-SURG: | N | | MULTI-SURG: | N | | VST-SURG : | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOOTHQD: | N | | TOOTHSRF: | N | | TOOTHCHAR : | N | | DECIDUOUS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROV-RATE-INFO | | | | | | PROV-TYPE : | Y | | OTHER : | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- 1) Code
- 2) Short Name
- 3) Long Name
- 4) Category of Service- Provider must have same category of service on file for claim to pay
- 5) Exclusions/Inclusions- If excluded, the items listed behind cannot appear on a claim in order to pay; opposite for included

- 6) Procedure Modifiers
- 7) Place of Service
- 8) Provider Type
- 9) Specialty Code
- 10) Claim Type
- 11) Eligibility

MMIS Claim Screen 1- Paid

| | | | | | |
|----|-------------------------------|---------------------|------------------------|-------------------------|--------------------------|
| 1 | ICN 6 | PHYSICIAN | LST CYC 042116 | USR 000 | ICD 10 |
| | CUR-LOC/DT 93 042116 | ACT-CD 0 | NORM-PAY | CLM-ST P PA | 8 |
| 2 | RECIP: 01 NAM | 3 | AGE | 4 | 5 |
| | NAME-CD: SC REF PVDR: 0000000 | 6 | REND PVD | 7 | TYPE/SPEC/COS PR 195 CL |
| | TPL-IND: Y | TPL-OVR: | PRE-AUTH: | ACC-REL: N | EMPL-REL: N |
| | DIAG: 29525 | | | | |
| | COND-CD | PAT ACT N | 8 | ATCH | ABOR-RSN |
| 9 | PAY-TO PVDR: 6660002 00 | 10 | BILL-DATE: 04/21/16 | | |
| | LN | FROM | THRU | PL TYP | PROC M1 M2 M3 M4 |
| 11 | 04/03/16 | 04/03/16 | 49 | 12 | H0044 HW |
| | S: B UOS: | 1 | TPL | 0.00 | EPSDT: N EMER: |
| | | | | | EOB: 000 MOD-P: HW 21 |
| | S: | UOS: | TPL | EPSDT: | EMER: |
| | | | | | EOB: |
| | | | | | MOD-P: |
| | TAD-DCN1: 000000000000 | DAYS1: 000 | TAD-DCN2: 000000000000 | DAYS2: 000 | |
| | TOT-CHG: 776.10 | TPL: 0.00 | RESOURCE: 0.00 | NET-AMT 776.10 | |
| | EOB: 000 000 | OVR-LOC/ERR: 00 000 | ADJ-R: | ICN: 000000000000000000 | DATE: 042316 |
| | RA: 556055 | DT: 042316 | CK: 0000000 | DT: | REIM: 776.10 FFP: 388.05 |
| | LI ERR ST ID | LI ERR ST ID | LI ERR ST ID | LI ERR ST ID | LI ERR ST ID |
| 16 | | | | | |

- | | |
|---|------------------------------------|
| 1. ICN# | 9. ASO provider |
| 2. Recipient ID | 10. Bill Date |
| 3. Name | 11. DOS |
| 4. Age | 12. Code |
| 5. Sex | 13. Modifier |
| 6. Rendering Provider- pay to provider for ASO claims | 14. Bill Amount |
| 7. Provider Information | 15. Paid Amount |
| 8. If paid or denied | 16. Denial Reason (not shown here) |

MMIS Claims Screen 1- Denied

ICN 6 [REDACTED] PHYSICIAN LST CYC 052518 USR 000 ICD 10
CUR-LOC/DT 93 052518 ACT-CD 0 NORM-PAY 1 CLM-ST X DENIED ICDOVR:
RECIP#: [REDACTED] NAME: [REDACTED] N AGE 7 SEX: M
NAME-CD: CL REF PVDR: 00000000 00 REND PVDR: TYPE/SPEC/COS 20 028 HA
TPL-IND: Y TPL-OVR: PRE-AUTH: ACC-REL: N EMPL-REL: N
DIAG: 29525
COND-CD PAT ACT NO 04271809314 ATCH ABOR-RSN FAC PVDR 00000000 00
PAY-TO PVDR: BILL-DATE: 05/25/18
LN FROM THRU PL TYP PROC M1 M2 M3 M4 DIAG-CD CHARGE ALLOWED
01 04/19/18 04/19/18 23 99282 HW 1 89.00 41.23
S: F UOS: 1 TPL 0.00 EPSDT: EMER: EOB: 000 MOD-P: HW

S: UOS: TPL EPSDT: EMER: EOB: MOD-P:

TAD-DCN1: 00000000000000 DAYS1: 000 TAD-DCN2: 00000000000000 DAYS2: 000
TOT-CHG: 89.00 TPL: 0.00 RESOURCE: 0.00 NET-AMT 89.00
EOB: 972 000 OVR-LOC/ERR: 00 000 ADJ-R: ICN: 00000000000000000000 DATE: 052618
RA: 423781 DT: 052618 CK: 00000000 DT: REIM: 0.00 FFP: 0.00
LI ERR ST ID LI ERR ST ID LI ERR ST ID LI ERR ST ID LI ERR ST ID
00 427 2 000 00 972 2 000
2 427 427-RENDERING PROVIDER NUMBER IN CONFLICT WITH THE PAY TO PROVIDER
A:/R: NUMBER.
185
N198

- 1) Denied Claim
1. Denied Reason

**MARYLAND PROVIDER ENROLLMENT
BEHAVIORAL HEALTH**

This list identifies how BH providers are identified within the MMIS system. Bidders must have capacity to load and edit on Provider Type, COS and Specialty Codes

Informational: Grayed-in Providers must get an unannounced site visit prior to enrollment to ensure that the provider meets federal and State enrollment requirements conducted by MDH

*Denotes this requirement applicable to Group providers only

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|------------------------------|--|--|--|
| 01 | Acute Hospitals | HA ER Services (if have ER) HB Inpatient Services HC Outpatient Services (if have outpatient department) XG Medicare Crossover – Inpatient XJ Medicare Crossover – Outpatient (if have HA or HC) | |
| 06 | Special Other Acute Hospitals | HA ER Services (if have ER) HB Inpatient Services HC Outpatient Services (if have outpatient department) XG Medicare Crossover – Inpatient XJ Medicare Crossover – Outpatient (if have HA or HC) | 213 Pediatric Inpatient 214 Psychiatric Inpatient |
| 07 | Special Other Chronic Hospital | HB Inpatient Services HC Outpatient Services (if have outpatient department [OPD]) XG Medicare Crossover – Inpatient XJ Medicare Crossover – Outpatient (if have HC) | 213 Pediatric Inpatient 214 Psychiatric Inpatient |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|--|--|--|
| 10 | Laboratories | LC Laboratory Services, Specimen Collection LD Radiology, Nuclear Medicine PK Medicine XI Medicare Crossover – Other Diagnostic If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, then: LA Laboratory Services, Clinical | 157 Laboratories, Medical, Freestanding 158 Laboratories, Medical, Hospital Based 159 Laboratories, Medical, Local Health Department 160 Laboratories, Medical, Maryland State |
| 15 | Psychologist Individuals | 1A (one A) Mental Health Services PK Medicine XH Medicare Crossover – Other If providing ABA services, then: EH ABA Services (EPSDT Therapy) If FQHC rendering provider, then: CD Federally Qualified Health Centers Visits | 196 Psychologist Provider can be enrolled for EPSDT Treatment Program (for recipients <21 yrs of age), Medicare-Medicaid services and Behavioral Health Adm. Services only. Provider eligible for practice type 30 (individual) only; Behavioral Health groups enroll as PT 27 |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|--|---|--|
| 20 | Physician Individuals or Groups | <p>HA ER Services LC Laboratory Services, Specimen Collection PC Evaluation and Management PG Evaluation and Management XM Medicare Crossover – Physician If FQHC rendering provider, give: CD Federally Qualified Health Centers Visits</p> <p>If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, give: LA Laboratory Services, Clinical</p> <p>If valid DEA certificate with registration number beginning with “X”, then: 1B (one B) Buprenorphine</p> | <p>Assign specialty code(s) for corresponding specialty board certification(s). If no certification, do not assign. 052 Psychiatry 053 Child & Adolescent Psych</p> |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|--|---|---|
| 23 | Nurse Practitioners (Certified Registered Nurse Practitioner [CRNP]) Individuals or Groups | <p>LC Laboratory Services, Specimen Collection PC Evaluation and Management, PG Evaluation and Management, Office PH Family XH Medicare Crossover – Other</p> <p>If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, give: LA Laboratory Services, Clinical</p> <p>If FQHC rendering provider, give: CD Federally Qualified Health Centers Visits</p> <p>If license includes Psychiatric Mental Health (PMH) credential (CRNP- PMH), then: 1A (one A) Mental Health Services</p> <p>If valid DEA certificate with registration number beginning with “X”, then: 1B (one B) Buprenorphine</p> <p>If added by PIS, give: EE EPSDT Certified</p> | Must have PMH to deliver Mental Health services - indicated by the 1A COS on file. If no 1A is present, they cannot bill for codes outside of E&M codes within their scope of practice. |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|------------------------------|--|---|--|
| 24 | Nurse Psychotherapists (Advanced Practice Registered Nurse- Psychiatric Mental Health [APRN-PMH]) Individuals | 1A (one A) Mental Health Services PK Medicine XH Medicare Crossover – Other If FQHC rendering provider, then: CD Federally Qualified Health Centers Visits | 172 Nurse Psychotherapist Providers can be enrolled in EPSDT Treatment Program (for recipients < 21 yrs. of age) Provider eligible for practice type 30 (individual) only; Behavioral Health groups enroll as PT 27 |
| 27 | Mental Health Group Therapy Providers Groups | 1A (one A) Mental Health Services LC Laboratory Services, Specimen Collection PK Medicine XH Medicare Crossover – Other If valid CMS issued CLIA and OHCQ issued MD Lab Permit/Letter of Permit Exception, then: LA Laboratory Services, Clinical | Assign specialty based on licensed rendering providers in group: 052 Psychiatry 053 Psychiatry, Child and Adolescent 171 Nurse Practitioner 172 Nurse Psychotherapist 196 Psychologist-PHD 208 Social worker Providers can be enrolled in EPSDT Treatment Program (for recipients < 21 yrs. of age) PT 23 without PMH may only bill E&M codes, not psychotherapy codes |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|---|--|--|
| 32 | Clinic, Drug | CC Drug Abuse Clinic (Methadone) PG Evaluation and Management, Office PK Medicine XC Medicare Crossover – Clinic If added by Behavioral Health Program by PIS, then: 1B (one B) Buprenorphine If approved, then EC Health Home | BHA Compliance License must list: Level of Care: Opioid Maintenance Therapy- Methadone |
| 50 | Substance Use Disorder Program | LC Laboratory Services, Specimen Collection PK Medicine If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, give: LA Laboratory Services, Clinical If attestation complete to provide Medication Assisted Treatments (MAT), then: PG Evaluation and Management Treatment If certified for Level II.5 Partial Hospitalization Services, then: 1B (one B) Buprenorphine/Partial Hospitalization | BHA Compliance License must list: -Level of Care: I- Outpatient Services- Individual, family, and group therapy -Level of Care: I.D – Ambulatory Detoxification without Extended On-site Monitoring -Level of Care: II.1- Intensive Outpatient (IOP) and/or -Level of Care: II.5- Partial Hospitalization |
| 54 | IMD Residential SUD Adult (providers treat adult recipients 18 years of age and older) | HB Inpatient Services PK Medicine RE Residential Substance Use Disorder (SUD) Services XG Medicare Crossover – Inpatient | Specialty codes assigned as indicated on BHA Compliance License <i>TBD ASAM Level 3.1</i> 330 ASAM Level 3.3 350 ASAM Level 3.5 370 ASAM Level 3.7 375 ASAM Level 3.7 WM |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|---|--|--|
| 55 | Intermediate Care Facility (ICF) – Addiction (providers treat recipients > 21 years of age) | HB Inpatient Services XG Medicare Crossover – Inpatient | Moderate risk level (site visit required) applies beginning July, 1 2017 379 EPSDT ICF-A |
| 80 | Physician Assistant Individuals or Groups | HA ER Services (if have ER) LC Laboratory Services, Specimen Collection PC Evaluation and Management PG Evaluation & Management PK Medicine XH Medicare Crossover – Other If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, then: LA Laboratory Services, Clinical If valid DEA certificate with registration number beginning with “X”, then: 1B (one B) Buprenorphine If FQHC rendering provider, then: CD Federal Qualified Health Center Visits If qualified then: EE EPSDT Certified | |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|------------------------------|--|--|---|
| 89 | 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families – Programs and Facilities | WI 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families | 295 Caregiver Peer Support 296 Crisis & Stabilization 298 In-home Respite 299 Out-of-home Respite 300 Intensive In-Home Services 304 Customized goods and services |
| 94 | Social Worker (Must have Licensed Certified Social Worker-Clinical [LCSW-C] license) Individuals | 1A (one A) Mental Health Services PK Medicine XH Medicare Crossover – Other If FQHC rendering provider, then: CD Federally Qualified Health Centers Visits | 208 Social Worker The following license levels CANNOT enroll because they cannot practice independently: Licensed Certified Social Worker (LCSW), Licensed Graduate Social Worker (LGSW) Provider eligible for practice type 30 (individual) only; Behavioral Health groups enroll as PT 27. |

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|----------------------|--|--|--|
| AB | Applied Behavior Analysis (ABA) Services Individuals and Groups | EH ABA Services (EPSDT Therapy) | Specialty code(s) for corresponding license or certification Individual BCaBA (317), RBT (318) and BT (325) providers can only be enrolled as a rendering provider (enrollment status code 40) Groups must be affiliated with a BCBA- D or BCBA individual provider 315 Board Certified Behavior Analyst – Doctoral (BCBA-D) 316 Board Certified Behavior Analyst (BCBA) 317 Board Certified Assistant Behavior Analyst (BCaBA) 318 Registered Behavior Technician (RBT) 325 Behavior Technician (BT) |
| CC | Certified Professional Counselor (includes the license specified in COMAR 10.09.59 Individual/Group providers | 1A (one A) Mental Health Services PK Medicine XH Medicare Crossover – Other If FQHC rendering provider, give: CD Federally Qualified Health Centers Visits | Provider eligible for practice type 30 (individual) only; Behavioral Health groups enroll as PT 27. Graduate level license CANNOT enroll because they cannot practice independently |

Solicitation #:

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|------------------------------|---|---|--|
| CM | Mental Health Case Management Provider | 1A (one A) Mental Health Services CH Mental Health Case Management XH Medicare Crossover – Other If added by program staff then: EF Case Management for Children | |
| HG | 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families - Individual/Group Providers | WI 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families | Added by Behavioral Health Program by PIS only: 301 Art Therapy 302 Dance Therapy 303 Experiential Therapy (includes equine, drama, and horticulture services) 305 Music Therapy |
| MC | Outpatient Mental Health Clinic (OMHC) | 1A (one A) Mental Health Services LC Laboratory Services, Specimen Collection PG Evaluation & Management, Office PK Medicine XC Medicare Crossover – Clinic If valid CMS issued CLIA and OHCQ issued MD Lab Permit/ Letter of Permit Exception, then: LA Laboratory Services, Clinical | 162 Mental Health |
| MH | Community Based Partial Hospitalization Program | 1A (one A) Mental Health Services PK Medicine XC Medicare Crossover – Clinic | |
| MT | Mobile Treatment Program | 1A (one A) Mental Health Services CI Mobile Treatment Program XH Medicare Crossover – Other If qualified, then: EC Health Home | 162 Mental Health 319 ACT Services |

Solicitation #:

| MMIS-II PROV TYPE | PROVIDER TYPE DESCRIPTION and Enrollment Types (Phase I only) | MMIS-II COS CODES (Automatically assign all COS codes unless specific requirements are noted) | MMIS-II SPECIALTY CODES & REMARKS |
|------------------------------|--|---|---|
| PR | Psychiatric Rehab Services Facility | CL Psychiatric Rehabilitation Program (PRP) XH Medicare Crossover – Other If qualified then: EC Health Home | If PRP provider delivers Supported Employment, they must also enroll as a PT SE |
| SE | Supported Employment | XH Medicare Crossover – Other | |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | | |
|---|--|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|----|---------|-----------|-----------------------|-----|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: | |
| Inpatient Services | | | | | | | | | | | | | | | | | | |
| HSCRC | 0113, 0114, 0118, 0123, 0124, 0133, 0134, 0143, 0153, 0154, 0169, 0203, 0204 | | | | | Yes | Yes | Yes | No | No | Yes*** | Yes | No | | N/C | N/C | N/C | ASO |
| Institutes for Mental Disease (IMDs) | | | | | | Yes | No | No | No | No | Yes*** | Yes | No | | N/C | N/C | N/C | ASO |
| Residential Treatment | | | | | | | | | | | | | | | | | | |
| Residential Treatment Center | 0100 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | | N/C | N/C | N/C | ASO |
| Level 3.1 Daily Billing | TBD | | | | | Yes | Yes | Yes | No | No | No | Yes | No | | N/C | N/C | N/C | ASO |
| Level 3.3 Daily Billing | W7330 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | | N/C | N/C | Yes | ASO |
| Level 3.5 Daily Billing | W7350 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | | N/C | N/C | Yes | ASO |
| Level3.7 Daily Billing | W7370 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | | N/C | N/C | Yes | ASO |
| Level 3.7WM Daily Billing | W7375 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | | N/C | N/C | Yes | ASO |
| Room and Board | RESRB | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | | N/C | N/C | Yes | ASO |
| Partial Hospitalization | | | | | | | | | | | | | | | | | | |
| Partial Hospitalization - Full Day | 0912 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | | N/C | N/C | N/C | ASO |
| Partial hospitalization (only in hospital setting) | 0912/0913 | | | | | Yes | Yes | Yes | No | No | No | Yes | N/C | | N/C | N/C | N/C | ASO |
| Partial Program - Non-Hospital Based | S0201 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | | N/C | N/C | N/C | ASO |
| Half Day Partial Program - Non-Hospital Based | S0201 | 52 | | | | Yes | Yes | Yes | No | No | No | Yes | No | | N/C | N/C | N/C | ASO |
| Intensive Outpatient | | | | | | | | | | | | | | | | | | |
| Intensive Outpatient Psych Services, Per Diem (Clinic Model) | S9480 | | | | | Yes | Yes | Yes | No | No | No | Yes | Yes | | N/C | N/C | N/C | ASO |
| Intensive Outpatient Services - Psychiatric | 0905 | | | | | Yes | Yes | Yes | No | No | No | Yes | Yes | | N/C | N/C | N/C | ASO |
| Intensive Outpatient-(Hosp Based) | 0906 | | | | | Yes | Yes | Yes | No | No | No | Yes | Yes | | N/C | N/C | N/C | ASO |
| IOP - Partial Hospital Model or Partial Program - Non Regulated Space | 0949 | | | | | Yes | Yes | Yes | No | No | No | Yes | Yes | | N/C | N/C | N/C | ASO |
| Other Professional Services for IOP, PHP, CRS | | | | | | | | | | | | | | | | | | |
| Psychiatric Diagnostic Interview | 90791 | HE | | | | Yes | Yes | Yes | No | No | Yes | No | No | | N/C | N/C | No | N/A |
| Psychiatric Diagnostic Interview--medical services | 90792 | HE | | | | | | | | | | | | | | | | |
| Evaluation and Management | 99201 | HE | | | | | | | | | | | | | | | | |
| | 99202 | HE | | | | | | | | | | | | | | | | |
| | 99203 | HE | | | | | | | | | | | | | | | | |
| | 99204 | HE | | | | | | | | | | | | | | | | |
| | 99205 | HE | | | | Yes | Yes | Yes | No | No | Yes | No | No | | N/C | N/C | No | N/A |
| | 99211 | HE | | | | | | | | | | | | | | | | |
| | 99212 | HE | | | | | | | | | | | | | | | | |
| | 99213 | HE | | | | | | | | | | | | | | | | |
| | 99214 | HE | | | | | | | | | | | | | | | | |
| 99215 | HE | | | | | | | | | | | | | | | | | |
| Individual Therapy (30 Minutes) MD Only | 90832 | HE | | | | Yes | Yes | Yes | No | No | Yes | No | No | | N/C | N/C | No | N/A |
| Individual Therapy (45 Minutes) MD Only | 90834 | HE | | | | Yes | Yes | Yes | No | No | Yes | No | No | | N/C | N/C | No | N/A |
| Inpatient Professional Billing Codes | | | | | | | | | | | | | | | | | | |
| Initial Hospital Care - Attending Physician Only | 99221 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Hospital Care - Attending Physician Only | 99222 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Hospital Care - Attending Physician Only | 99223 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Subsequent Hospital Care - Attending Physician Only | 99231 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Subsequent Hospital Care - Attending Physician Only | 99232 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Subsequent Hospital Care - Attending Physician Only | 99233 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Discharge Day Management - MD Only | 99238 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Discharge Day Management - MD Only | 99239 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Inpatient Consultation - Physician Only | 99251 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Inpatient Consultation - Physician Only | 99252 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Inpatient Consultation - Physician Only | 99253 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Inpatient Consultation - Physician Only | 99254 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Initial Inpatient Consultation - Physician Only | 99255 | | | | | Yes | Yes | Yes | No | No | Yes*** | No | No | | N/C | N/C | N/C | N/A |
| Telehealth | | | | | | | | | | | | | | | | | | |
| Telehealth Origination Site | Q3014 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | | N/C | N/C | Yes | N/A |
| Outpatient Therapy Services | | | | | | | | | | | | | | | | | | |
| Psychiatric Diagnostic Interview Psychiatric Diagnostic | 90791 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | | N/C | N/C | Yes | ASO |
| Interview--medical services | 90792 | | | | | | | | | | | | | | | | | |
| Psychiatric Diagnostic Interview- Telehealth Psychiatric | 90791 | GT | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | | N/C | N/C | Yes | ASO |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | | | | | | | | | | | |
|---|--|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Coverage | | | | | | Pre-Authorization Required | | | | |
| | | | | | | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured |
| Diagnostic Interview medical services-telehealth | 90792 | GT | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes |
| Psychiatric Diagnostic Interview Psychiatric Diagnostic | 90791 | 22 | | | | No | Yes | Yes | No | No | No | N/C | No | N/C | N/C | ASO |
| Interview--medical services | 90792 | 22 | | | | No | Yes | Yes | No | No | No | N/C | No | N/C | N/C | ASO |
| Individual Psychotherapy (30 Minutes) | 90832 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Individual Psychotherapy (30 Minutes) - Telehealth | 90832 | GT | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes |
| Med Eval/Mgmt. with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) (90838 allowed for OMHCs only) | 99201 | | | 90833 | | | | | | | | | | | | |
| | 99202 | | | 90836 | | | | | | | | | | | | |
| | 99203 | | | | | | | | | | | | | | | |
| | 99204 | | | | | | | | | | | | | | | |
| | 99205 | | | | | | | | | | | | | | | |
| | 99211 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| | 99212 | | | | | | | | | | | | | | | |
| | 99213 | | | | | | | | | | | | | | | |
| | 99214 | | | | | | | | | | | | | | | |
| | 99215 | | | | | | | | | | | | | | | |
| Med Eval/Mgmt. with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) (90838 allowed for OMHCs only) | 99201 | GT | | 90833 | GT | | | | | | | | | | | |
| | 99202 | GT | | 90836 | GT | | | | | | | | | | | |
| | 99203 | GT | | | | | | | | | | | | | | |
| | 99204 | GT | | | | | | | | | | | | | | |
| | 99205 | GT | | | | | | | | | | | | | | |
| | 99211 | GT | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes |
| | 99212 | GT | | | | | | | | | | | | | | |
| | 99213 | GT | | | | | | | | | | | | | | |
| | 99214 | GT | | | | | | | | | | | | | | |
| | 99215 | GT | | | | | | | | | | | | | | |
| Individual Psychotherapy (45 Minutes) | 90834 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Individual Psychotherapy (45 Minutes) - Telehealth | 90834 | GT | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes |
| Family Psychotherapy without Patient Present | 90846 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Outpatient Services | 0914, 0915, 0916, 0917, 0919, 0510, 0513 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | ASO |
| Family Psychotherapy with Patient Present | 90847 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Family Psychotherapy with Patient Present - Abbreviated services | 90847 | 52 | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Multiple Family Group | 90849 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Multiple Family Group - Abbreviated services | 90849 | 52 | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Group Psychotherapy | 90853 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Group Psychotherapy - Extended | 90853 | 21 | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Individual psychotherapy w/ Biofeedback | 90875 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Individual Psychotherapy w/ biofeedback | 90876 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHC clinic visit/encounter (all inclusive) | T1015 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHC clinic visit/encounter (all inclusive) - Telehealth | T1015 | GT | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes |
| FQHCs- Alcohol and/or drug services | H0016 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHCs- Alcohol and/or drug assessment | H0001 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHCs- Alcohol and/or drug; Intensive OP including assessment | H0015 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHCs- Behavior Health Counseling and Therapy | H0004 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| FQHCs- Alcohol and/or Drug- Group Counseling | H0005 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| BCARS | | | | | | | | | | | | | | | | |
| Psychiatric Diagnostic Interview Psychiatric Diagnostic Interview--medical services | 90791 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| | 90792 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Individual Psychotherapy (30 Minutes) | 90832 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| Med Eval/Mgmt. with Individual Psychotherapy (Add on codes add 30, 45 or 60 Minutes) (90838 allowed for OMHCs only) | 99201 | HA | | 90833 | HA | | | | | | | | | | | |
| | 99202 | HA | | 90836 | HA | | | | | | | | | | | |
| | 99203 | HA | | | | | | | | | | | | | | |
| | 99204 | HA | | | | | | | | | | | | | | |
| | 99205 | HA | | | | | | | | | | | | | | |
| | 99211 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |
| | 99212 | HA | | | | | | | | | | | | | | |
| | 99213 | HA | | | | | | | | | | | | | | |
| | 99214 | HA | | | | | | | | | | | | | | |
| | 99215 | HA | | | | | | | | | | | | | | |
| Individual Psychotherapy (45 Minutes) | 90834 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | Coverage | | | | | | | | Pre-Authorization Required | | | | | Send Auth Request to: |
|---|--------------|------------|------------|---------------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | |
| Individual Psychotherapy (60 Minutes) OMHC Only | 90837 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes) | 90839 | HA | | 90840 | HA | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Family Psychotherapy without Patient Present | 90846 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Family Psychotherapy with Patient Present | 90847 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Family Psychotherapy with Patient Present | 90847 | HA | 52 | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Multiple Family Group | 90849 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Group Psychotherapy | 90853 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Individual psychotherapy w/ Biofeedback | 90875 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Individual Psychotherapy w/ biofeedback | 90876 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Behavioral Health Screening PRP Assessment | H0002 | HA | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Mental Health Service Plan Development by Non Physician BCARS | H0032 | HA | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Respite Care Services - Not in home (per diem) | H0045 | HA | | | | Yes* | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Respite Care Services - In home | T1005 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Residential Crisis Service | S9485 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Treatment Foster Care | S5145 | HA | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| TBS BCARS | 96152 | HA | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | Yes | ASO |
| Mental Health Service Plan | | | | | | | | | | | | | | | | | |
| Mental Health Service Plan Development by Non Physician | H0032 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Interdisciplinary team tx planning w/ patient present | 0982 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | No | N/A |
| Outpatient Psychotherapy Services-Consults | | | | | | | | | | | | | | | | | |
| Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes) | 90839 | | | 90840 | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Office Consult - MDs only | 99241 | | | 90833, 90836, 90838 | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | N/C | ASO |
| Office Consult - MDs only | 99242 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | N/C | ASO |
| Office Consult - MDs only | 99243 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | N/C | ASO |
| Office Consult - MDs only | 99244 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | N/C | ASO |
| Office Consult - MDs only | 99245 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | N/C | ASO |
| Prolonged Service Requiring Face to Face Patient Contact beyond the usual service | 99354 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Each Additional 30 minutes of a prolonged Psych Service | 99355 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Family Psycho-education (Evidence Based Practice) With Consumer Present | H2027 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Family Psycho-education - Without Consumer Present | H1011 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Therapeutic Nursery Services | | | | | | | | | | | | | | | | | |
| Therapeutic Nursery Services | H0046 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Case Management Services | | | | | | | | | | | | | | | | | |
| Case Management Assessment | H0031 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | No | N/A |
| Case Management - Daily | T1016 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Transitional Case Management | T1016 | HW | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| TBS - Use DDA Dx and MH | | | | | | | | | | | | | | | | | |
| Initial Assessment | 96150 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Reassessment | 96151 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| TBS | 96152 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Occupational Therapy Services | | | | | | | | | | | | | | | | | |
| Occupational Therapy Evaluation | 97003 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Therapeutic Activities, one on one patient contact, each 15 minutes | 97530 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Self Care/Home Management Training, each | 97535 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Community/Work Reintegration Training, each 15 min. | 97537 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Development of Cognitive Skills, each 15 minutes | 97532 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Therapeutic Procedure, group (2 or more individuals) | 97150 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Reevaluation (per 15 minutes) | 97004 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Rehabilitation Services - All Codes Must be Specifically Authorized Using the Appropriate Modifier (5) (6) | | | | | | | | | | | | | | | | | |
| Behavioral Health Screening PRP Assessment | H0002 | | | | | Yes | Yes | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Any Combination of On-Site or Off-Site services for Community PRP client, not living independently | H2018 | U2 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| On-Site services for community PRP Client, not living independently (minimum 2 encounters) | H2018 | U2 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Off-Site services for community PRP Client, not living independently (minimum 2 encounters) | H2018 | U2 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | |
|--|--------------|------------|------------|-------------|------------|----------|-----------|-------|-----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: |
| Any Combination of On or Off-Site services for Supported Living Client, living independently (Minimum 6 encounters) | H2018 | U3 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Any Combination of On-Site services for Supported Living Client, living independently (Minimum 3 encounters) | H2018 | U3 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Any Combination of Off-Site services for Supported Living Client, living independently (Minimum 5 encounters) | H2018 | U3 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| On-Site PRP services to General Residential Clients (Minimum 4 Encounters) | H2018 | U4 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| On-Site PRP services to Intensive Residential Clients (Minimum 4 Encounters) | H2018 | U5 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Off-Site PRP Services to RRP Intensive Clients (Minimum 19 Encounters) | H2018 | U5 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| General Residential Combined (Minimum 17 Encounters) | H2018 | U6 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Intensive Residential Combined (Minimum 23 Encounters) | H2018 | U7 | | | | Yes | Yes | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO |
| Transitional PRP. Any Combination of on/off site PRP services to adult or TAY consumer transitioning to an RRP or IP Facility. | T1023 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Psychiatric Rehab - Johns Hopkins PRP | 0911 | | | | | Yes | Yes | Yes* | No | No | No | Yes | Yes | N/C | N/C | N/C | ASO |
| Encounter for PRP | H2016 | | | | | Yes | Yes | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Transitional PRP Encounter | H2016 | U8 | | | | Yes | Yes | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| RRP Bed | | | | | | | | | | | | | | | | | |
| Residential Bed Hold | H0019 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Residential Room and Board | T2048 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Housing Services | | | | | | | | | | | | | | | | | |
| Enhanced Support | S5150 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Mobile Treatment | | | | | | | | | | | | | | | | | |
| Mobile Treatment Monthly (Non-Evidence Based) | H0040 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Mobile Treatment (for Medicare Recipients Monthly) | H0040 | 52 | | | | No | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Mobile Treatment - ACT (Evidence Based Practice) | H0040 | 21 | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Mobile Treatment - ACT (for Medicare) | H0040 | U9 | | | | No | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Respite Care | | | | | | | | | | | | | | | | | |
| Respite Care Services - Not in home (per diem) | H0045 | | | | | Yes* | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Respite Care Services - In home | T1005 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Residential Crisis Services | | | | | | | | | | | | | | | | | |
| Residential Crisis Service | S9485 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO** |
| Treatment Foster Care | S5145 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | ASO** |
| Residential Room and Board | T2048 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO** |
| Supported Employment | | | | | | | | | | | | | | | | | |
| Supported Employment per 15 minutes (Intensive Job Coaching) | H2023 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Supported Employment, Pre-Placement Phase | H2024 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Supported Employment, Job Placement Phase | H2024 | 21 | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Extended Support Services | H2026 | | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Ongoing Support (Evidence Based Practice) | H2026 | 21 | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Clinic Coordination (Evidence Based Practice) | S9445 | 52 | | | | Yes* | Yes* | Yes* | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| On or Off-Site PRP Services for an Individual in a Supported Employment Program (Minimum 2 Encounters) | S9445 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | Yes | N/C | N/C | Yes | CSA |
| Encounter for Supported Employment | H2016 | U1 | | | | Yes* | Yes* | Yes* | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| ECT Treatment | | | | | | | | | | | | | | | | | |
| ECT Single Seizure with Monitoring | 90870 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | Yes | ASO |
| Anesthesia for ECT | 00104 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | No | ASO |
| ECT Facility | 0901 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | ASO |
| Psych Testing | | | | | | | | | | | | | | | | | |
| Psychological Testing | 0918 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | Yes | ASO |
| Psychological Testing | 96101 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Psychological Testing | 96102 | | | | | Yes | Yes | Yes | No | No | Yes* | Yes | No | N/C | N/C | Yes | ASO |
| Brain Injury - Dx Code = 310.9 | | | | | | | | | | | | | | | | | |
| Residential habilitation Level 1 (per day) | W0037 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | |
|---|------------------|------------|------------|-------------|------------|----------|-----------|-------|-----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: |
| Residential habilitation Level 2 (per day) | W0038 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Residential habilitation Level 3 (per day) | W0039 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Day habilitation Level 1 (per day) | W0054 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Day habilitation Level 2 (per day) | W0055 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Day habilitation Level 3 (per day) | W0056 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Supported Employment Level 1 (per day) | W0057 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Supported Employment Level 2 (per day) | W0058 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Supported Employment Level 3 (per day) | W0059 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| Individual Support Services (ISS) | W0060 | | | | | No | No | No | Yes | No | Yes | N/C | N/C | Yes | N/C | Yes | MHA |
| BMHS Capitation (benefit for specialty population identified by the Department) | | | | | | | | | | | | | | | | | |
| Coordinated care fee, risk adjusted maintenance, Level 4 - Chesapeake | G9010 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Coordinated care fee, risk adjusted maintenance, Level 4 - Chesapeake | G9010 | HE | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Coordinated care fee, risk adjusted maintenance, Level 5 - Creative Alternatives | G9011 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Coordinated care fee, risk adjusted maintenance, Level 5 - Creative Alternatives | G9011 | HE | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Emergency Room Facility | | | | | | | | | | | | | | | | | |
| Emergency Room | 0450, 0451, 0452 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Emergency Room Physician | | | | | | | | | | | | | | | | | |
| Emergency Department Visit | 99281 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Emergency Department Visit | 99282 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Emergency Department Visit | 99283 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Emergency Department Visit | 99284 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Emergency Department Visit | 99285 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Psychiatric Diagnostic Interview | 90791 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| | 90792 | | | | | | | | | | | | | | | | |
| Psychiatric Diagnostic Interview | 90791 HA | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| | 90792 HA | | | | | | | | | | | | | | | | |
| Office Consult - MDs only | 99241 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Office Consult - MDs only | 99242 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Office Consult - MDs only | 99243 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Office Consult - MDs only | 99244 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Office Consult - MDs only | 99245 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Maryland Recovery Net Services- MDRN | | | | | | | | | | | | | | | | | |
| Halfway House | MDRN1 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Recovery/Supported Housing | MDRN2 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| RSAM Intake Interview | MDRN3 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Care Coordination Check-Ins | MDRN4 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Transportation | MDRN5 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Vital Documents | MDRN6 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Gap Services- Transitional Services | MDRN7 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Gap Services- Clothing | MDRN8 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Gap Services- Support Services | MDRN9 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Gap Services- Medical | MDRN0 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Peer Support Intake Interview | MDRN1 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Peer Support Encounter | MDRN12 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Follow-up Questionnaire Gift Card | MDR15 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Six month follow-up survey/MDRN satisfaction survey | MDR16 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Peer Support Leisure Activity | MDR13 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Peer Support Recovery Call | MDR14 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| IFB 8-507 Court Ordered Placement | | | | | | | | | | | | | | | | | |
| Criminal Justice Service ASAM 3.3 | W7330 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| Criminal Justice Service ASAM 3.5 | W7350 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| IFB Pregnant Women, Women with Children and/or co-occurring mental Health Issues | | | | | | | | | | | | | | | | | |
| Invitation for Bid ASAM 3.3 | W7330 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | Yes | N/C | N/C | Yes | ASO |
| 1915(i) Waiver | | | | | | | | | | | | | | | | | |
| Art Therapy Individual- certified (45-50 m) | W5014 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Group- certified (45-60 m) | W5015 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Individual- certified (75-80 m) | W5026 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Individual- licensed (45-60 m) | W5027 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Individual- Licensed (75-80 m) | W5028 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | |
|---|--------------|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: |
| Art Therapy Group- certified (75-80 m) | W5029 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Group- Licensed (45-60 m) | W5030 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Art Therapy Group- licensed (75-80 m) | W5031 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Individual- certified (45-50 m) | W5012 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Group- certified (45-60 m) | W5013 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Individual- certified (75-80 m) | W5032 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Individual- licensed (45-60 m) | W5033 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Individual- licensed (75-80 m) | W5034 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Group- certified (75-80 m) | W5035 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Group- licensed (45-60 m) | W5036 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Dance Therapy Group- licensed (75-80 m) | W5037 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Individual- certified (45-50 m) | W5010 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Group- certified (45-60 m) | W5011 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Individual- certified (75-80 m) | W5044 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Individual- licensed (45-50 m) | W5045 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Individual- licensed (75-80 m) | W5046 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Group- certified (75-80 m) | W5047 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Group- Licensed (45-60 m) | W5048 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Equine Assisted Therapy Group- licensed (75-80 m) | W5049 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Individual- certified (45-50 m) | W5020 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Group- certified (45-60 m) | W5021 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Individual- certified (75-80 m) | W5050 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Individual- licensed (45-80 m) | W5051 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Individual- licensed (75-80 m) | W5052 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Group- certified (75-80 m) | W5053 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Group- licensed (45-60 m) | W5054 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Horticultural Therapy Group- licensed (75-80 m) | W5055 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Face to face caregiver peer to peer support (15 m) | W5022 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Collateral (telephonic) care giver to peer support (15 min) | W5023 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Mobile Crisis and Stabilization (15 min) | W5024 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Crisis Assessment (1 hour) | W5025 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Individual- certified (45-50 m) | W5016 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Group- certified (45-60 m) | W5017 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy individual- certified (75-80 m) | W5038 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy individual- licensed (45-50 m) | W5039 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Individual- licensed (75-80 m) | W5040 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Group- certified (75-80 m) | W5041 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Group- licensed (45-50 m) | W5042 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Music Therapy Group- licensed (75-80 m) | W5043 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Individual- certified (45-50 m) | W5018 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy group- certified (45-60 m) | W5019 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Individual- certified (75-80 m) | W5056 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Individual- licensed (45-50 m) | W5057 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Individual- licensed (75-80 m) | W5058 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Group- certified (75-80 m) | W5059 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Group- licensed (45-50 m) | W5060 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Drama Therapy Group- licensed (75-80 m) | W5061 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Respite Care In Home/Community Based (Hour) | W5000 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Respite Care Residential/Out of Home (Minimum of 12 hour) | W5001 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Intensive In Home Services (EBP option) | W5062 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Intensive In Home Services (non-EBP option) | W5063 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Customized Good and Services | W5066 | | | | | No | No | No | No | Yes | No | N/C | N/C | N/C | Yes | N/C | ASO |
| Transport | | | | | | | | | | | | | | | | | |
| Ambulance service, BLS, emergency transport, mileage, and disposable supplies separately billed | A0362 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| BLS Mileage (Per Mile) | A0380 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Non-Emergency transportation; Per Mile volunteer, with no vested or personal interest. | A0080 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Non-Emergency transportation; ancillary, parking fees, tolls other | A0170 | | | | | No | No | No | No | No | No | N/C | N/C | N/C | N/C | N/C | N/A |
| Lab Services | | | | | | | | | | | | | | | | | |
| Collection blood by Venipuncture | 36415 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | Send Auth Request to: |
|---|----------------------|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | |
| Collection blood by Venipuncture | 36415 | HW | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Lab Services | 80002-89999 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Therapeutic Injection | 96372 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Lab & EKG Services | 0300; 0301; 0302; | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| | 0304; 0305; 0306; | | | | | | | | | | | | | | | | |
| | 0307; 0309; 0310; | | | | | | | | | | | | | | | | |
| | 0311; 0312; 0730 | | | | | | | | | | | | | | | | |
| Self Administered Drugs | 0637 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Therapeutic Injection | 0940 | | | | | Yes | Yes | Yes | No | No | No | No | No | N/C | N/C | N/C | N/A |
| Presumptive drug test | 80305 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Presumptive drug test | 80306 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Presumptive drug test | 80307 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Definitive drug test | G0480 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Definitive drug test | G0481 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Hospital Services | | | | | | | | | | | | | | | | | |
| Special Charges- Admission Charge | 0221 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pharmacy- General Classification | 0250 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pharmacy- General Drugs | 0251 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pharmacy- Non Prescription Drugs | 0257 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pharmacy- IV Solutions | 0258 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pharmacy- Other Pharmacy | 0259 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Equipment for and administration of Ivs | 0260 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Med/Surg Supplies and Devices General | 0270 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Med/Surg Supplies | 0271 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Med/Surg Supplies and Devices- Sterile | 0272 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- General Classification | 0300 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Chemistry | 0301 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Immunology | 0302 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Non-Routine Dialysis | 0304 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Hematology | 0305 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Bacteriology & Microbiology | 0306 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Urology | 0307 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory- Other | 0309 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory Pathology- General | 0310 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Laboratory Pathological- Cytology | 0311 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Histology | 0312 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Radiology-Diagnostic General Class | 0320 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Angiocardiography | 0321 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Radiology-Diagnostic Chest X-Ray | 0324 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Radiation Therapy | 0333 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Chemotherapy Administration- IV | 0335 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Nuclear Medicine- Diagnostic Procedures | 0340 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Nuclear Medicine- General | 0341 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Nuclear Medicine- Other | 0349 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| CT Scan- General | 0350 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| CT Scan- Head | 0351 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| CT Scan- Body | 0352 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Operating Room Services- General | 0360 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Operating Room Services- Minor Surgery | 0361 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Anesthesia- General | 0370 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Blood- General | 0390 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Blood- Administration (transfusion) | 0391 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Ultrasound | 0402 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Position Emission Tomography | 0404 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Respiratory Services- General | 0410 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Respiratory Services- Inhalation | 0412 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Physical Therapy- General | 0420 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Physical Therapy- Eval/Re-Eval | 0424 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Occupational Therapy- General | 0430 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Occupational Therapy- Group | 0433 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | Pre-Authorization Required | | | | | |
|---|---------------------|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------------------------|-------------------|-----|---------|-----------|-----------------------|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: |
| Occupational Therapy- Eval | 0434 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Speech/Language Pathology- General | 0440 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Speech/Language Path- Eval/Re-Eval | 0444 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pulmonary Function- General | 0460 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Cardiology- General | 0480 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Cardiology- Stress | 0482 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Diagnostic Services | 0610 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| MRI | 0611 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| MRI-Spinal Cord | 0612 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| MRA- Head & Neck | 0615 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Drugs Requiring Detail Coding | 0636 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Self Administrable Drugs | 0637 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Recovery Room- General | 0710 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Labor Room- General | 0720 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Other Labor Room | 0729 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| EKG/ECG | 0730 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Holter Monitor | 0731 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| EEG | 0740 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| 23 Hour Crisis Stabilization | 0761 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Treatment of Observation Room- Observation Room | 0762 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Vaccine Administration | 0771 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Treatment- General | 0900 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Milleu Therapy | 0902 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| MH Treatments-Act Therapy | 0904 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Intensive Outpatient Svc- Chemical | 0906 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Peripheral Vascular Lab | 0921 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Pregnancy Test | 0925 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Other Therapeutic Services- Drug Rehab | 0942 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Professional Fees- ER | 0981 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Professional Fees- EKG | 0985 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Ambulatory Surgery Care- General | 0490 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Chronic Pain Center | 0511 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Clinic General | 0510 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Services- Indiv | 0914 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Services- Group | 0915 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Services- Family | 0916 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Biofeedback | 0917 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Services | 0918 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Psychiatric/Psychological Services- Other | 0919 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Other Diagnostic Services | 0929 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Other Therapeutic Services | 0949 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| ECT Facility | 0901 | | | | | Yes | Yes | Yes | No | No | Yes* | No | No | N/C | N/C | No | N/A |
| Substance Use Services | | | | | | | | | | | | | | | | | |
| Assessment | H0001 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | No | ASO |
| Ambulatory detox | H0014 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Individual therapy | H0004 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Group Therapy | H0005 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Intensive outpatient | H0015 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Partial hospitalization (community based) | H2036 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Partial hospitalization (community based) | H2036 | 22 | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Partial hospitalization (only in hospital setting) | 0912/0913 | | | | | Yes | Yes | Yes | No | No | No | Yes | No | N/C | N/C | N/C | ASO |
| Residential ICF-A (for children under age 21) | MCO specific | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Inpatient Detox (inpatient detox in hospital or ICF-A) | 0116/0126/0136/0156 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Hosp OP Drug Rehabilitation | 0944 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Hosp Alcohol Rehabilitation | 0945 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Evaluation and Management- Opioid Addiction Treatment | 99211 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| | 99212 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| | 99213 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| | 99214 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| | 99215 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Hosp OP Behavioral Health Treatments/Services- General Classification | 0900 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |
| Urgent Care | 0456 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO |

| PUBLIC BEHAVIORAL HEALTH SERVICE MATRIX | | | | | | Coverage | | | | | | | Pre-Authorization Required | | | | | | |
|---|--------------|------------|------------|-------------|------------|----------|-----------|-------|----|---------|-----------|----------|----------------------------|-----|---------|-----------|-----------------------|--|--|
| Service Description | CPT/Rev Code | Modifier 1 | Modifier 2 | Add on Code | Modifier 1 | Medicaid | Federally | State | BI | 1915(i) | Uninsured | Medicaid | Medicare/Medicaid | BI | 1915(i) | Uninsured | Send Auth Request to: | | |
| Medication Assisted Treatment | | | | | | | | | | | | | | | | | | | |
| Methadone Maintenance | H0020 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | No | ASO | | |
| Methadone Maintenance- Hos Based | 0944 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO | | |
| Guest Dosing- Methadone | W9520 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Buprenorphine Maintenance | H0047 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO | | |
| Buprenorphine- Induction | H0016 | | | | | Yes | Yes | Yes | No | No | Yes | Yes | No | N/C | N/C | Yes | ASO | | |
| Guest Dosing- Bup | W9521 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Film (8mg) | J0574 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Subutex 8mg | J0571 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Subutex 2mg | J0571 | 51 | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Zubsolv 1.4-.036 mg tablet | J0572 | 51 | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Zubsolv 2.9-.71 mg tablet | J0572 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Bunavail 2.1-.3 mg film | J0572 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Suboxone 2mg film | J0572 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Subsolv 5.7-1.4 mg tablet | J0573 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Bunavail 4.2-.7 mg film | J0573 | 51 | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Bunavail 6.3-1 mg | J0574 | 51 | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Vivitrol | J2315 | | | | | Yes | Yes | Yes | No | No | Yes | No | No | N/C | N/C | N/A | N/A | | |
| Applied Behavioral Analysis Services | | | | | | | | | | | | | | | | | | | |
| Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time | 0364T | | | 0365T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time | 0366T | | | 0367T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | 0370T | | | | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present) | 0371T | | | | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients | 0372T | | | | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time | 0368T | | | 0369T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report | 0359T | | | | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient | 0360T | | | 0361T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient | 0362T | | | 0363T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient | 0373& | | | 0374T | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |
| Trans-Magnetic Stimulation | | | | | | | | | | | | | | | | | | | |
| TMS Treatment Initial | 90867 | | | | | Yes | Yes | No | No | No | No | Yes | Yes | No | No | No | ASO | | |

NOTE: PRP Payment levels for case rates are affected by the HCPCS code level used, modifier, place of service code and billed charges. There must be an exact match between the authorization and the claim. Code H2016 is an encounter data code only and should be billed for zero dollars and must pay 0 on an EOB to be considered valid for meeting minimums for H2018, the billable code.

ABA Service Matrix

| CPT Code | Description | Provider | Time | Daily Max | Limitations |
|-----------------|--|---|-------------|------------------|---|
| 0359T | Behavior identification assessment | Psychologist/ BCBA-D/BCBA | untimed | 1 unit a day | once a year |
| 0360T | Observational follow-up assessment-first 30 min | Psychologist/ BCBA-D/BCBA | 30 minutes | 1 unit a day | The code is to be billed for the first 30 min of each day of f/u assessments and for ABA treatment planning. |
| 0361T | Observational follow-up assessment-additional 30 min | Psychologist/ BCBA-D/BCBA | 30 minutes | | The code is to be billed for additional 30 minutes of each day of f/u assessments and for ABA treatment planning. |
| 0362T | Exposure behavior follow-up assessment-first 30 min | Psychologist/ BCBA-D/BCBA + 1 or more BCaBAs/RBTs/BTs | 30 minutes | 1 unit a day | |
| 0363T | Exposure behavior follow-up assessment-additional 30 min | Psychologist/ BCBA-D/BCBA + 1 or more BCaBAs/RBTs/BTs | 30 minutes | | |
| 0364T | Adaptive behavior treatment-first 30 min | Psychologist/ BCBA-D/BCBA BCaBA/RBT/BT | 30 minutes | 1 unit a day | |
| 0365T | Adaptive behavior treatment- additional 30 min | Psychologist/ BCBA-D/BCBA BCaBA/RBT/BT | 30 minutes | | |

ABA Service Matrix

| CPT Code | Description | Provider | Time | Daily Max | Limitations |
|-----------------|---|--|-------------|------------------|--|
| 0366T | Group adaptive behavior treatment-first 30 min | Psychologist/ BCBA-D/BCBA BCaBA/RBT/BT | 30 minutes | 1 unit a day | Group limited to 2-8 participants |
| 0367T | Group adaptive behavior treatment-additional 30 min | Psychologist/ BCBA-D/BCBA BCaBA/RBT/BT | 30 minutes | | Group limited to 2-8 participants |
| 0368T | Adaptive behavior treatment with protocol modification- first 30 min | Psychologist/ BCBA-D/BCBA and BCaBA | 30 minutes | 1 unit a day | Codes used for modification of the treatment plan by Psychologist/BCBA-D/BCBA, supervision by Psychologist/BCBA-D/BCBA, and parent training with the child present by Psychologist/BCBA-D/BCBA/BCaBA |
| 0369T | Adaptive behavior treatment with protocol modification- additional 30 min | Psychologist/ BCBA-D/BCBA and BCaBA | 30 minutes | | |
| 0370T | Family adaptive behavior treatment guidance | Psychologist/ BCBA-D/BCBA and BCaBA | untimed | 1 unit a day | |
| 0371T | Multiple-family group adaptive behavior treatment guidance | Psychologist/ BCBA-D/BCBA | untimed | 1 unit a day | Group limited to 2-8 families |
| 0372T | Adaptive behavior treatment social skill group | Psychologist/ BCBA-D/BCBA | untimed | 1 unit a day | Group limited to 2-8 participants |

ABA Service Matrix

| CPT Code | Description | Provider | Time | Daily Max | Limitations |
|-----------------|---|---|-------------|------------------|--|
| 0373T | Exposure adaptive behavior with protocol modification- first 60 min | Psychologist/ BCBA-D/BCBA + 2 or more BCaBAs/RBTs/BTs | 60 minutes | 1 unit a day | Codes used for exposure adaptive behavior therapy with protocol modification by Psychologist/ BCBA-D/BCBA in the |
| 0374T | Exposure adaptive behavior with protocol modification- additional. 30 min | Psychologist/ BCBA-D/BCBA + 2 or more BCaBAs/RBTs/BTs | 30 minutes | | presence of 2 or more BCaBAs/RBTs/BTs, supervision by Psychologist, BCBA-D/BCBA, and parent training with the child present by Psychologist/ BCBA-D/BCBA/BCaBA |

REGULATIONS

MEDICAL CARE PROGRAMS

- 10.09.01 Advanced Practice Nurse Services
- 10.09.02 Physicians' Services
- 10.09.03 Pharmacy Services
- 10.09.04 Home Health Services
- 10.09.05 Dental Services
- 10.09.06 Adult Residential Substance Use Disorder Services
- 10.09.07 Medical Day Care Services
- 10.09.08 Freestanding Clinics
- 10.09.09 Medical Laboratories
- 10.09.10 Nursing Facility Services
- 10.09.11 Maryland Children's Health Program
- 10.09.12 Disposable Medical Supplies and Durable Medical Equipment
- 10.09.13 Ambulance and Wheelchair Van Services
- 10.09.14 Vision Care Services
- 10.09.15 Podiatry Services
- 10.09.16 Establishment, Operation, and Authority for Health Maintenance Organizations—
Medical Assistance
- 10.09.17 Physical Therapy Services
- 10.09.18 Oxygen and Related Respiratory Equipment Services
- 10.09.19 Transportation Grants
- 10.09.20 Community Personal Assistance Services
- 10.09.21 Nurse Midwife Services- Repealed
- 10.09.22 Free-Standing Dialysis Facility Services
- 10.09.23 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
- 10.09.24 Medical Assistance Eligibility
- 10.09.25 Transportation Services Under the Individuals with Disabilities Education Act
(IDEA)
- 10.09.26 Community Based Services for Developmentally Disabled Individuals Pursuant to
a 1915(c) Waiver
- 10.09.27 Home Care for Disabled Children Under a Model Waiver
- 10.09.28 Applied Behavioral Analysis Services
- 10.09.29 Residential Treatment Center Services
- 10.09.30 Statewide Evaluation and Planning Services
- 10.09.31 Emergency Service Transporters
- 10.09.32 Targeted Case Management for HIV-Infected Individuals
- 10.09.33 Health Homes
- 10.09.34 Therapeutic Behavioral Services
- 10.09.35 Hospice Care
- 10.09.36 General Medical Assistance Provider Participation Criteria
- 10.09.37 Family Planning Program Eligibility
- 10.09.38 Healthy Start Program

| | |
|----------|--|
| 10.09.39 | Nurse Anesthetist Services- Repealed |
| 10.09.40 | Early Intervention Services Case Management |
| 10.09.41 | Employed Individuals with Disabilities |
| 10.09.42 | Free-Standing Medicare-Certified Ambulatory Surgical Centers |
| 10.09.43 | Maryland Children's Health Program (MCHP) Premium |
| 10.09.44 | Programs of All-Inclusive Care for the Elderly (PACE) |
| 10.09.45 | Mental Health Case Management: Care Coordination for Adults |
| 10.09.46 | Home and Community-Based Services Waiver for Adults with Traumatic Brain Injury |
| 10.09.47 | Disproportionate Share Hospitals |
| 10.09.48 | Targeted Case Management for People with Intellectual and Developmental Disabilities |
| 10.09.49 | Telehealth Services |
| 10.09.50 | EPSDT School Health-Related Services or Health-Related Early Intervention Services |
| 10.09.51 | Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Audiology Services |
| 10.09.52 | Service Coordination for Children with Disabilities |
| 10.09.53 | Early and Periodic Screening, Diagnosis, and Treatment: Nursing Services for Individuals Younger than 21 Years Old |
| 10.09.54 | Home/Community Based Services Waiver |
| 10.09.55 | Physician Assistants |
| 10.09.56 | Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder |
| 10.09.57 | Partially Capitated Programs |
| 10.09.58 | Family Planning Program |
| 10.09.59 | Specialty Mental Health Services |
| 10.09.60 | Senior Prescription Drug Assistance Program |
| 10.09.61 | Medical Day Care Services Waiver |
| 10.09.62 | Maryland Medicaid Managed Care Program: Definitions |
| 10.09.63 | Maryland Medicaid Managed Care Program: Eligibility and Enrollment |
| 10.09.64 | Maryland Medicaid Managed Care Program: MCO Application |
| 10.09.65 | Maryland Medicaid Managed Care Program: Managed Care Organizations |
| 10.09.66 | Maryland Medicaid Managed Care Program: Access |
| 10.09.67 | Maryland Medicaid Managed Care Program: Benefits |
| 10.09.68 | Maryland Medicaid Managed Care Program: School-Based Health Centers- Repealed |
| 10.09.69 | Maryland Medicaid Managed Care Program: Rare and Expensive Case Management |
| 10.09.70 | Maryland Medicaid Managed Care Program: Non-Capitated Covered Services |
| 10.09.71 | Maryland Medicaid Managed Care Program: MCO Dispute Resolution Procedures |
| 10.09.72 | Maryland Medicaid Managed Care Program: Departmental Dispute Resolution Procedures |
| 10.09.73 | Maryland Medicaid Managed Care Program: Sanctions |

| | |
|----------|---|
| 10.09.74 | Maryland Medicaid Managed Care Program: Contribution to Graduate Medical Education Costs |
| 10.09.75 | Maryland Medicaid Managed Care Program: Corrective Managed Care |
| 10.09.76 | School-Based Health Centers |
| 10.09.77 | Urgent Care Centers |
| 10.09.78 | Establishment, Operation, and Authority for Making Capitated Payments for Dual Eligibles Enrolled in Medicare Advantage Plans |
| 10.09.79 | Presumptive Eligibility for Correctional Facilities |
| 10.09.80 | Community-Based Substance Use Disorder Services |
| 10.09.81 | Increased Community Services (ICS) Program |
| 10.09.82 | Provider-Based Outpatient Oncology Facilities |
| 10.09.83 | Third Party Liability |
| 10.09.84 | Community First Choice |
| 10.09.85 | Free-Standing Birth Centers |
| 10.09.86 | Maryland Medicaid Managed Care Program: Independent Review Organization (IRO) |
| 10.09.87 | Free-Standing Independent Diagnostic Testing Facilities |
| 10.09.88 | Portable X-ray Providers |
| 10.09.89 | 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families |
| 10.09.90 | Mental Health Case Management: Care Coordination for Children and Youth |
| 10.09.91 | Hospital Presumptive Eligibility |
| 10.09.92 | Acute Hospitals |
| 10.09.93 | Chronic Hospitals |
| 10.09.94 | Special Pediatric Hospitals |
| 10.09.95 | Special Psychiatric Hospitals |
| 10.09.96 | Remote Patient Monitoring |

**PUBLIC MENTAL HEALTH SYSTEM AND
THE MENTAL HYGIENE
ADMINISTRATION**

| | |
|----------|--|
| 10.21.01 | Involuntary Admission to Inpatient Mental Health Facilities |
| 10.21.02 | Psychiatric Day Treatment Services |
| 10.21.03 | Requirements for Individual Treatment Plans |
| 10.21.04 | Community Mental Health Programs - Group Homes for Adults with Mental Illness |
| 10.21.05 | Aftercare Plans |
| 10.21.06 | Admission to Regional Institutes for Children & Adolescents |
| 10.21.07 | Therapeutic Group Homes |
| 10.21.08 | Services for Mentally Ill Hearing Impaired Patients in Facilities |
| 10.21.09 | Patients' Rights to Visitors |
| 10.21.10 | Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver Providers |
| 10.21.11 | Purchase of Residential Therapeutic Care for Children |
| 10.21.12 | Use of Quire Room and Use of Restraint |

- 10.21.13 Use of Quite Room and Use of Seclusion
- 10.21.14 Resident Grievance System
- 10.21.15 Petition for Emergency Evaluation - Payment for Services
- 10.21.16 Community Mental Health Programs - Application, Approval and Disciplinary Processes
- 10.21.17 Community Mental Health Programs-Definitions and Administrative Requirements
- 10.21.18 Community Mental Health Programs - Therapeutic Nursery Programs
- 10.21.19 Community Mental Health Programs - Mobile Treatment Services
- 10.21.20 Community Mental Health Programs - Outpatient Mental Health Clinics
- 10.21.21 Community Mental Health Programs - Psychiatric Rehabilitation Programs for Adults
- 10.21.22 Community Mental Health Programs - Residential Rehabilitation Programs
- 10.21.23 Community Based Fund
- 10.21.24 Interagency Discharge Planning for Hospitalized Children and Adolescents
- 10.21.25 Fee Schedule - Mental Health Services - Community - Based Programs & Individual Practitioners
- 10.21.26 Community Mental Health Programs - Residential Crisis Services
- 10.21.27 Community Mental Health Programs - Respite Care Services
- 10.21.28 Community Mental Health Programs - Mental Health Vocational Programs (MHVP)
- 10.21.29 Community Mental Health Programs - Psychiatric Rehabilitation Program for Minors
- 10.21.30 Telemental Health Services

ALCOHOL AND DRUG ABUSE ADMINISTRATION

- 10.47.01 Requirements
- 10.47.02 Specific Program Requirements
- 10.47.03 Specific Program Requirements for Correctional Levels of Care
- 10.47.04 Certification Requirements
- 10.47.05 Education Programs
- 10.47.06 Substance Abuse Treatment Outcomes Partnerships (S.T.O.P.) Fund
- 10.47.07 Prescription Drug Monitoring Program
- 10.47.08 Overdose Response Program

COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES

- 10.63.01 Requirements for All Licensed Programs
- 10.63.02 Programs Required to BE Accredited in Order to be Licensed to Provide Community-Based Behavioral Health Services
- 10.63.03 Descriptions and Criteria for Programs and Services Required to Have an Accreditation-Based License

- 10.63.04 Additional Requirements for Accreditation-Based Licenses for Specific Residential Community-Based Behavioral Health Services
- 10.63.05 Descriptions and Criteria for Programs Requiring a Non-Accreditation-Based License
- 10.63.06 Application and Licensure Process
- 10.63.07 Outpatient Civil Commitment (OCC) Pilot Program

| Authorization Span Specifications for Levels of Care That Require Meet Medical Necessity Review | | | | | |
|---|----------|--|-------------------|--|----------------------|
| Level of Care | Age | Initial Auth Units | Initial Auth Span | Concurrent Auth Units | Concurrent Auth Span |
| SUD SERVICES | | | | | |
| Inpatient (Level 4.0) Detox | All ages | 3 units | 3 days | 3 units | 3 days |
| SUD IOP | All ages | 35 units | 60 days | 35 units | 60 days |
| SUD Partial Hospitalization | All ages | 7 units | 7 days | 7 units | 7 days |
| Ambulatory Detox | All ages | 5 units | 5 days | 5 units | 5 days |
| Initial Induction | All ages | 30 units | 14 days | N/A | N/A |
| Methadone/Buprenorphine Maintenance | All ages | 160 units | 6 months | 110 units | 6 months |
| Maryland Recovery Network | All ages | Based on type of service | | | |
| SUD Residential for Adolescents (Level 3.7) | 0-20 | 14 units | 14 days | 7 units | 7 days |
| SUD Residential Pregnant Women & Women with Children (Level 3.3) | 21+ | 60 units | 60 days | 30 units | 30 days |
| SUD Residential 8-507 Court Ordered Placements (Level 3.3) | 18+ | 60 units | 60 days | 30 units | 30 days |
| SUD Residential 8-507 Court Ordered Placements (Level 3.5) | 18+ | 60 units | 60 days | 30 units | 30 days |
| SUD Residential (Level 3.3) | 21+ | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days |
| SUD Residential (Level 3.5) | 21+ | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days |
| SUD Residential (Level 3.7) | 21+ | Up to 30 units (15 clinical + 15 Room & Board) | Up to 15 days | Up to 30 units (15 clinical + 15 Room & Board) | Up to 15 days |
| SUD Residential (Level 3.7 WM) | 21+ | Up to 14 units (7 clinical + 7 Room & Board) | Up to 7 days | Up to 14 units (7 clinical + 7 Room & Board) | Up to 7 days |
| Halfway House | 21+ | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days | Up to 60 units (30 clinical + 30 Room & Board) | Up to 30 days |
| MENTAL HEALTH SERVICES | | | | | |
| Inpatient | All ages | 3 units | 4 days | 3 units | 4 days |
| Partial Hospitalization | All ages | 5 units | 5 days | varies* | varies* |

Solicitation #:

| Level of Care | Age | Initial Auth Units | Initial Auth Span | Concurrent Auth Units | Concurrent Auth Span |
|--|----------|--------------------|-------------------|-----------------------|----------------------|
| Residential Crisis Service | 18-99 | 10 units | 11 days | auth by CSA* | auth by CSA* |
| Intensive Outpatient - Children & Adolescents | up to 17 | 20 units | 20 days | 10 units | 30 days |
| Intensive Outpatient- ADULTS | 18+ | 10 units | 21 days | 10 units | 30 days |
| Residential Treatment Center | up to 20 | 120 units | 120 days | 60 units | 60 days |
| Psychiatric Rehabilitation Program | All ages | 1 unit | 30 days | 6 units | 6 months |
| Residential Rehabilitation Program | 18+ | 1 unit | 30 days | 6 units | 6 months |
| Respite (Overnight)- Out of Home | All ages | 12 units | 3 months | 12 units | 3 months |
| Respite (hourly/day)- In Home | All ages | 288 units | 3 months | 288 units | 3 months |
| Mobile Treatment | All ages | 1 unit | 30 days | 6 units | 6 months |
| Therapeutic Behavioral Services- Assessment | up to 21 | 4 units | 30 days | 4 units | 30 days |
| Therapeutic Behavioral Services- Service | up to 21 | varies* | 56 days | varies* | 56 days |
| Targeted Case Management - Transitional Visit | All ages | 1 unit | 30 days | N/A | N/A |
| Targeted Case Management- ADULTS | | | | | |
| General Intensity | 18+ | 12 units | 180 days | 12 units | 180 days |
| Intensive Intensity | 18+ | 30 units | 180 days | 30 units | 180 days |
| Targeted Case Management- Children & Adolescents | | | | | |
| General Intensity + 4 Assessment Units | 6-17 | 76 units | 180 days | 76 units | 180 days |
| Moderate Intensity + 4 Assessment Units | 6-17 | 184 units | 180 days | 184 units | 180 days |
| Intensive Intensity (No Assessment Units) | 6-17 | 360 units | 180 days | 360 units | 180 days |
| Applied Behavioral Analysis- ABA | | | | | |
| Behavior Identification Assessment (benefit limitation of 1 unit per calendar month) & Observational Behavioral Follow-up Assessment | up to 21 | 13 units | 60 days | N/A | N/A |
| Observational Behavioral Follow- up Reassessment | up to 21 | N/A | N/A | 6 units | 6 weeks |
| Adaptive Behavior Treatment | up to 21 | varies* | 182 days | varies* | 182 days |
| Group Adaptive Behavior Treatment | up to 21 | varies* | 182 days | varies* | 182 days |
| Family Adaptive Behavior Treatment Guidance | up to 21 | varies* | 182 days | varies* | 182 days |
| Multiple-family Group Adaptive Behavior Treatment Guidance | up to 21 | varies* | 182 days | varies* | 182 days |
| Adaptive Behavior Treatment Social Skills Group | up to 21 | varies* | 182 days | varies* | 182 days |
| Adaptive Behavior Treatment with Protocol Modification | up to 21 | varies* | 182 days | varies* | 182 days |
| Exposure Behavioral Follow-up Assessment | up to 21 | varies* | 182 days | varies* | 182 days |

Solicitation #:

| Level of Care | Age | Initial Auth Units | Initial Auth Span | Concurrent Auth Units | Concurrent Auth Span |
|---|----------|--------------------|-------------------|-----------------------|----------------------|
| Exposure Adaptive Behavior Treatment with Protocol Modification | up to 21 | varies* | 182 days | varies* | 182 days |
| | | | | | |
| | | | | | |
| | | | | | |
| KEY: | | | | | |
| N/A: not applicable | | | | | |
| *varies- authorized based on clinical need | | | | | |

EXHIBIT 7

(Reports should have the capability to report for Mental Health or Substance Use Disorder or Combined (when applicable) as well as by Statewide or by Jurisdiction)

Available at Executive Level Only

Audit Reports

MARA1000

Top 5 Billed Days for Provider (Formatted) **W**

MARA1100

Provider Audit Data **W**

Clinical Reports

MARC3000

Length of Stay by RTC **M**

MARC3010

Inpatient Length of Stay by Provider **M**

MARC3020

Readmissions to Inpatient Facilities **M**

MARC3025

Admission Report **D**

MARC3030

Discharge Summary by Provider for Inpatient Stays **M**

MARC3040

Ambulatory Care Follow-Up **M**

MARC3050

Diagnosis Category Summary by Age Group **W**

MARC3051

Diagnosis Categories And ICD Codes **O**

MARC3060

Service Utilization by Procedure Code **M**

MARC3300

TBS Authorizations Open Within Last 6 Months **W**

MARC9200

Authorization Detail Report **D**

74207.2.01

ALOS and Readmission Report **M**

ADAA003CL

Primary Substance at Admission **M**

Documentation

Reporting_Crystal_Enterprise_User_Manual O

Crystal Reports documentation.

MARD0100

Reports Availability/Status Report **O**

Financial

MARF0001

Total System Expenditures, Service Units and Unduplicated Consumer Count by Service Category **M**

MARF0002

Weekly Dollars Paid By Fiscal Year **W**

MARF0004-Mental Health

Total System Expenditures by Service Group, Coverage Type and Age Group **M**

MARF0004-SUD

Total System Expenditures by Service Group, Coverage Type and Age Group **M**

MARF0005

Payments by CSA and Service Fiscal Years **M**

MARF5005

Claims Lag **M**

MARF5100

Expenditure By Provider And Coverage Group **M**

MARF5110

Number of Services and Expenditures By CPT Code **M**

MARF5120

Expenditure and Consumer Count for Dual Diagnosis Consumers **M**

MARF5200

Average Monthly Consumer Cost By Provider Type **M**

PBHS ASO
Solicitation #

EXHIBIT 7

MARF5300

PRP Encounter Claims Detail by Consumer **M**

MARF5400

PRP Summary by Provider **M**

MARF5410

Missing Encounter Report **M**

MARF5420

PRP Claims - Unsupported Difference **M**

MARF9420

Provider Check Reconciliation **W**

MARL9110

Providers With High Volume Denies **W**

74021.2.03

Expenditure and Consumer Count for Dual Diagnosis Consumers-Based on Claims Paid in the Month **M**

Monthly Tele-Behavioral Health Report

Number of Consumers Served by Tele-Behavioral Health Services **M**

Claims

MARC3301

TBS Claims Paid Within Last 6 Months **M**

MARL1000

EOP Detail Report-MH (Formatted) **W**

MARL1000

EOP Detail Report-SUD (Formatted) **W**

MARL1000 - Raw

EOP Detail Report-MH (Unformatted) **W**

MARL1000 - Raw

EOP Detail Report-SUD (Unformatted) **W**

MARL2099

Explanation Codes for the Claims System **O**

MARL3000

Number of Claims Processed by Claim Type **M**

Executive

MARE0001

Number of Consumers and Expenditures By Provider and Service Type **M**

MARE0002 - By Paid Date

Paid Claims By Provider with Consumer Subtotals - By Paid Date **M**

MARE0002 - By Service Date

Paid Claims By Provider with Consumer Subtotals - By Service Date **M**

MARE7000

Expenditure By County **M**

MARE7010

Service Count And Expenditures By CPT Code and Provider **M**

74078.2.02

Veterans Report of Claim Expenditures **M**

74078.2.03

Veterans Report of Consumer Counts **M**

74079.2.01

Combine Counts for all Veterans and for Veterans of Iraq and/or Afghanistan **M**

152820.101

Veterans Receiving Substance Use Disorder services by county, number served and expenditures by fiscal year. **M**

152820.101

Veterans Receiving Mental Health services by county, number served and expenditures by fiscal year. **M**

Consumers

MARS0001

Individuals Enrolled in Out of Home Placements **M**

MARS0002

Dually Diagnosed Individuals with SMI/SED by Age Group **M**

MARS4000

Service Recipient Listing By Jurisdiction **W**

MARS4005

New Consumers Accessing the PBHS **D**

MARS4010

Consumer Look-up Report **W**

MARS4020

Consumer Profile Report **M**

MARS4030

Consumer Claims By Fiscal Year Detail Report **M**

MARS4100

Number of Consumers by Service Type **M**

MARS4110

Number of Consumers by Age and Coverage Type **M**

MARS4115

Number of Consumers by Age and Service Type **M**

MARS4120

Unduplicated Consumer Counts by Coverage Type **M**

MARS4130

Number of Consumers by County and Race **M**

MARS4135

Number of Consumers by Race and Age Group **M**

MARS4140

High Cost Consumers **M**

MARS4150

Distinct Consumer Count by Procedure Code **M**

MARS4160

Number of SMI and SED Consumers by Service Type **M**

MARS4161

Number of SMI and SED Consumers by Age Group **M**

MARS4162

Number of SMI and SED Consumers by County **M**

MARS4180

Continuous High Cost Consumers **M**

MARS4190

Dual Diagnosis Consumer Count by County and Age Group **M**

MARS9480

Dual Diagnosis Consumer Count and Expenditures By Service Category and Age Group **M**

MARS9490

Dual Diagnosis Consumer Count and Expenditures By County and Age Group **M**

74145.2.01

Case Management Expenditures for Uninsured **M**

131043-S

Demographics of Individuals Receiving Substance Use Disorder Treatment **M**

144325-S

Substance Use Disorder Treatment Characteristics **M**

156967.1.01

Arrested 30 Days Prior to Admission-Discharge: SUD **M**

Provider

MARP0001

Provider List by CSA and Provider Type **M**

Reports to be Made Available at the CSA, LAA and LBHA Level-County Specific

Clinical Reports

MARC3000

Length of Stay by RTC **M**

MARC3010

Inpatient Length of Stay by Provider **M**

MARC3020

Readmissions to Inpatient Facilities **M**

MARC3025

Admission Report **D**

MARC3030

Discharge Summary by Provider for Inpatient Stays **M**

MARC3040

Ambulatory Care Follow-Up **M**

MARC3050

Diagnosis Category Summary by Age Group **W**

MARC3060

Service Utilization by Procedure Code **M**

MARC3300

TBS Authorizations Open Within Last 6 Months **W**

74207.2.01

ALOS and Readmission Report **M**

***158286c**

SUD IMD-Residential Admission Report **M**

Documentation

Reporting_Crystal_Enterprise_User_Manual O

Crystal Reports documentation.

MARD0100

Reports Availability/Status Report **O**

Financial

MARF0001

Total System Expenditures, Service Units and Unduplicated Consumer Count by Service Category **M**

MARF0002

Weekly Dollars Paid By Fiscal Year **W**

MARF0004-MH

Total System Expenditures by Service Group, Coverage Type and Age Group **M**

***MARF0004-SUD**

Total System Expenditures by Service Group, Coverage Type and Age Group **M**

MARF5005

Claims Lag **M**

MARF5100 M

Expenditure By Provider And Coverage Group

MARF5110 M

Number of Services and Expenditures By CPT Code

MARF5120

Expenditure and Consumer Count for Dual Diagnosis Consumers **M**

MARF5200

Average Monthly Consumer Cost By Provider Type **M**

Claims

MARL1000

EOP Detail Report (Formatted) **W**

MARL1000 - Raw

EOP Detail Report (Unformatted) **W**

***MARL1000**

EOP Detail Report LAA SUD (Formatted) **W**

***MARL1000 - Raw**

EOP Detail Report LAA SUD (Unformatted) **W**

MARL2099

Explanation Codes for the Claims System **O**

Provider

MARP0001

Provider List by CSA and Provider Type **O**

Consumers

MARS0002

Dual Diagnosis Consumers with SMI/SED by Age Group **M**

MARS4000

County Consumer Listing **W**

MARS4005

New Consumers Accessing the PBHS **D**

MARS4005

New Consumers Accessing the PMHS-MidShore **D**

MARS4010

Consumer Look-up Report **W**

MARS4020

Consumer Profile Report **M**

MARS4030

Consumer Claims By Fiscal Year Detail Report **M**

MARS4100

Number of Consumers by Service Type **M**

MARS4110

Number of Consumers by Age and Coverage Type **M**

PBHS ASO
Solicitation #

EXHIBIT 7

MARS4115

Number of Consumers by Age and Service Type **M**

MARS4120

Unduplicated Consumer Counts by Coverage Type **M**

MARS4130

Number of Consumers by County and Race **M**

MARS4135

Number of Consumers by Race and Age Group **M**

MARS4140

High Cost Consumers **M**

MARS4150

Distinct Consumer Count by Procedure Code **M**

MARS4160

Number of SMI and SED Consumers by Service Type **M**

MARS4161

Number of SMI and SED Consumers by Age Group **M**

MARS4180

Continuous High Cost Consumers **M**

74147.2.01

Case Management Expenditures for Uninsured Consumers **M**

***131043-Sc**

Demographics of Individuals Receiving Substance Use Disorder Treatment **M**

***144325-Sc**

Substance Use Disorder Treatment Characteristics **M**

***ADAA003CL**

Primary Substance at Admission **M**

***ADAA005CR**

Arrested 30 Days Prior to Admission-Discharge (County) **M**

Key:

Scheduled data refresh period: Data to be refreshed to produce current report D, W, M, O, and Q.

D=Daily

W=Weekly

M=Monthly
O=One time only-look up report
Q=Quarterly

***Reports are available to only LAAs/LBHAs**

OTHER REPORTS SUBMITTED DIRECTLY TO REPORT USERS

Financial-submitted directly to Finance

Payout By Coverage Type and Service Category -12 month rolling period-individual months and FY YTD tabs calculated **M**

Payout with Reconciliation, FY and individual month tabs calculated **M**

Claims Lag **M**

Detailed Check Register **W**

Combined Check Register **W**

Check Reconciliation **W**

Bank Reconciliation **W**

Payspan MD4 **W**

Refunds by G/L Account **W**

Weekly Dollar Report by Service Category and FY **W**

Funding Reports Gross Adjustments **W**

Funding Reports by County and FY **W**

Funding Reports by Out of State and FY **W**

Negative Balance Report **W**

FFP Status by Paid FY **W**

FFP Status by Service FY **W**

Financials by Bank Account-FYTD **W**

Financials by Bank Account-Monthly **W**

Financials by Bank Account-Weekly **W**

Claims Void Audit Register Report **W**

IMD Expenditures for Adults 22-64 by Service Month/Amount Paid by Service Month for IMD Providers **M**

SUD Residential Services Reconciliation Report – Authorizations versus Claims Paid **M**

Individuals Served & Amount Paid for Pregnant Women/Women with Children by Provider and Level of Care **M**

Individuals Served & Amount Paid for Court Ordered Placements by Provider and Level of Care **M**

Individuals Served & Amount Paid in Crisis Services by Provider **M**

Medicaid Reports-submitted directly to Medicaid

Weekly Medicaid NPI Denied Claims **W**

Incremental Claims Extract Row Count **W**

Maryland UM Dashboard **M**

Rebundling Average Cost per Consumer by Provider **Calendar**

Rebundling Average PMHS Cost Per Consumer **W**

Active Provider List **M**

ROI Acceptance and Presentation Rates Extract **W**

ROI by MCO with rates **W**

Service Recipient Reports

8-507 Determination Report **M**

Ticket to Work-Report 1 **M**

Maryland Recovery Net Payments by Provider and Consumer w/Carryover **M**

Maryland's Commitment to Veterans Data report **W**

PBHS ASO
Solicitation #

EXHIBIT 7

Bi-Weekly MRLD SGAM Report **D**

Weekly Pregnant Women and Children (PWC) Auth Report **W**

Claims Paid for Pregnant Women and Children (PWC) **M**

Weekly Pregnant Women and Children (PWC) New Auth Report **W**

Weekly Pregnant Women and Children (PWC) Auths Expiring Report **W**

IMD Previous Month Projections **M**

CS Group Inquiry Monthly Report **M**

County specific reports sent to individual Local Jurisdictions

Daily Auth Report – CSA Specific **D**

High Inpatient Utilizer Report-All CSAs **W**

MARYLAND CRISIS HOTLINES BY COUNTY

Hotlines (06.19.18)

| | |
|--------------------------|------------------------------|
| Suicide | Sexual Assault / Rape |
| Domestic Violence | AIDS |
| School Safety | |

| <u>County</u> | <u>Name of Hotline</u> | <u>Address</u> | <u>Parameters</u> | <u>Source of Information</u> | <u>Funding Source</u> (e.g., state, federal, private, grant) |
|--|--|--|--|-------------------------------------|--|
| Maryland Crisis Connect: Call 2-1-1 Press 1 MDCrisisConnect.org | | | | | |
| National Suicide Prevention Hotlines: 1-800-SUICIDE (784-2433) or 1-800-273-TALK (8255) | | | | | |
| 9-1-1 | | | | | |
| Veterans Crisis Line: 1-800-273-8255, press 1 | | | | | |
| Allegany | Family Crisis Resource Center | 301-759-9244 | Domestic violence and sexual assault. | networkofcare.org | |
| | Frederick County Crisis Hotline Services Mental Health Association of Frederick County (Allegany, Frederick, Garrett, Washington) | 226 Jefferson Street Frederick, MD 21701 301-663-0011 (admin.) 301-662-2255 www.fcmha.org | Youth and adult suicide prevention hot line, Referral source for Mobile Crisis. Provision of referral information through 211. | Verified by BHA June 2018 | Federal, State and County. |

| | | | | | |
|-------------------------|---|--|--|--|----------------------------------|
| Anne Arundel | Anne Arundel County Crisis Response (Affiliated Sante Group) | 43 Community Place Crownsville, MD 21032 410-768-5522 www.thesantegroup.org | Only a warmline for AA residents only. Mental health crisis, substance abuse, domestic violence referrals. | networkofcare.org; Verified by BHA, June 2018 | |
| | Anne Arundel County Public Schools Student Safety Hotline | 1-877-676-9854 | | networkofcare.org | |
| | YWCA Sexual Assault Crisis Center | 410-222-7273 | | networkofcare.org | |
| | YWCA Domestic Violence Hotline | 410-222-6800 | | networkofcare.org | |
| Baltimore City | Baltimore Child & Adolescent Response Systems (B-CARS) | 1118 Light St., Ste. 200 Baltimore, MD 21230 410-752-2272 www.catholiccharities-md.org | | Verified by BHA June 2018 | All 3 numbers are routed to BCRI |
| | Baltimore Crisis Response, Inc. (BCRI) | 2041 E. Fayette St. Baltimore, MD 21231 410-433-5175 410-433-5255 (admin.) www.bcreponse.org | Mobile crisis, mental health crisis, short term detox, SERVES ADULTS | | |
| | Baltimore Crisis Response Suicide Hotline (Lifeline) | 410-752-2272 | | networkofcare.org | |
| Baltimore County | Baltimore County Crisis Response System (Affiliated Sante) | 1205 York Rd. Timonium, MD 21093 410-931-2214 www.thesantegroup.org | | Verified by BHA June 2018 | Federal, State, & Local funds |

| | | | | | |
|------------------------------------|---|--|--|---|---|
| | Baltimore Crisis Response Suicide Hotline (Lifeline) | 410-752-2272 | | networkofcare.org | |
| Calvert | Calvert County Health Department | 975 Solomons Island Rd. Prince Frederick, MD 20678 410-535-1121 301-855-1075 Teen Line 410-257-2216 www.calverthealth.org | Domestic violence, sexual assault, suicide hotline. Main focus domestic violence/sexual assault | Verified by BHA June 2018 | |
| | Walden Behavioral Health Hotline (Charles, Calvert, St. Mary's) | 301-863-6661 | Crisis hotline, on call outreach, community- based and walk in crisis center services provide crisis stabilization, emergency and transitional services, safety planning, counseling, service liaison and advocacy support to individuals and families in crisis or victimized by domestic violence, relationship abuse, sexual assault, rape, dating violence and stalking. | networkofcare.org Verified by BHA June 2018 | Hotline locally funded. Services provided are funded by a blend of grants and state funding. |
| Caroline (See Mid-Shore) | | | | | |
| | | | | | |

| | | | | | |
|----------------|--|---|--|--|---|
| Carroll | Rape Crisis Intervention Service of Carroll County | 24 Hour hotline 410-857-7322 Rape Crisis Intervention Service of Carroll County P.O. Box 1563 - Westminster, MD 21158 Office: (410) 857-0900 - Fax: (410) 876-9147 Email: info@rapecrisiscc.org | | Verified by BHA June 2018 | Local, state and federal governments, United Way, private donations and agency fund raising projects. |
| | | | | | |
| Cecil | Cecil County Domestic Violence and Rape Hotline | 410-996-0333 | Focuses on adults. | networkofcare.org | |
| | Life Crisis Center Hotline (Caroline, Cecil, Dorchester, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | Salisbury, MD Maryland Crisis Connect Call 2-1-1 press 1 | Provides counseling for victims of domestic violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution. | Verified by BHA June 2018 | |
| | Mid-Shore Mental Health Systems, Inc. (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | 28578 Mary's Court, Suite 1 Easton, MD 21601 410-770-4801 (admin.) They refer people to the Eastern Shore Operations Center (ESOC) 1-888-407-8018 www.msmhs.org | Mobile crisis, crisis hotline, mental health crisis | Verified by BHA June 2018 | |
| | | | | | |

| | | | | | |
|--------------------------------------|--|--|--|---|---|
| Charles | Walden Behavioral Health Hotline (Charles, Calvert, St. Mary's) | 301-863-6661 | Crisis hotline, on call outreach, community- based and walk in crisis center services provide crisis stabilization, emergency and transitional services, safety planning, counseling, service liaison and advocacy support to individuals and families in crisis or victimized by domestic violence, relationship abuse, sexual assault, rape, dating violence and stalking. | networkofcare.org Verified by BHA June 2018 | Hotline locally funded. Services provided are funded by a blend of grants and state funding. |
| | | | | | |
| Dorchester (See Mid-Shore) | | | | | |
| | | | | | |
| Frederick | Frederick County Crisis Hotline Services Mental Health Association of Frederick County (Allegany, Frederick, Garrett, Washington) | 226 Jefferson Street Frederick, MD 21701 301-663-0011 (admin.) 301-662-2255 www.fcmha.org | Youth and adult suicide prevention hot line, Referral source for Mobile Crisis. Provision of referral information through 211. | Verified by BHA June 2018 | Federal, State and County. |
| | | | | | |

| | | | | | |
|--------------------------------|--|--|--|--|----------------------------|
| Garrett | Frederick County Crisis Hotline Services Mental Health Association of Frederick County (Allegany, Frederick, Garrett, Washington) | 226 Jefferson Street Frederick, MD 21701 301-663-0011 (admin.) 301-662-2255 www.fcmha.org | Youth and adult suicide prevention hot line, Referral source for Mobile Crisis. Provision of referral information through 211. | Verified by BHA June 2018 | Federal, State and County. |
| | | | | | |
| Harford | Harford County Mobile Crisis Team | 410-638-5248 | | Verified by BHA June 2018 | |
| | | | | | |
| Howard | Grassroots Crisis Intervention | 6700 Freetown Road Columbia, MD 21044 410-531-6677 | 24/7 counseling, housing assessments, suicide assessments, mobile crisis | networkofcare.org; Verified by BHA June 2018 | State and County |
| | Hope Works | 410-997-2272 | 24/7 Domestic Violence and sexual assault hotline | | |
| | | | | | |
| Kent (see Mid-Shore) | | | | | |
| | | | | | |

| | | | | | |
|---|--|--|---|---|--|
| Mid-Shore (Caroline, Dorchester, Kent, Queen Anne's, and Talbot Cos.) | Eastern Shore Mobile Crisis Services (Affiliated Sante Group) / Eastern Shore Operations Center (ESOC) | 926 Snow Hill Road Salisbury, MD 21804 1-888-407-8018 www.thesantegroup.org Also a suicide hotline. | Behavioral health emergent, urgent information and referral call center for all 9 counties on the Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Cos.). Available 24 hours a day, 7 days a week. | Verified by BHA June 2018 | |
| Mid-Shore cont. | For All Seasons, Inc. Hotline (Rape Crisis Center) | 1-800-310-7273 (hotline) 410-820-5600 (main office) 410-829-6142 (Spanish) | Counseling, advocacy, and education to victims of rape, sexual assault and abuse. | Verified by BHA June 2018 networkofcare.org | |
| | Life Crisis Center Hotline (Caroline, Cecil, Dorchester, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | Salisbury, MD Call 2-1-1 press 1 / 410-749-HELP (this is the state number) | Provides counseling for victims of domestic violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution. | Verified by BHA June 2018 | |
| | Maryland State (AIDS) Hotline | 1-800-638-6252 | This is a recording with information; it is not a real hotline. | networkofcare.org | |
| | Mid-Shore Council on | 1-800-927-4673 | Only for adult callers. | | |

| | | | | | |
|------------------------|---|--|--|---|--|
| | Family Violence | | Provides direct services for victims of family violence, including a 24 hour hotline, crisis intervention, counseling, support groups, emergency shelter, client advocacy, court accompaniment, information, and referral. | Verified by BHA June 2018 networkofcare.org | |
| Mid Shore cont. | Mid-Shore Mental Health Systems, Inc. (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | 28578 Mary's Court, Suite 1 Easton, MD 21601 410-770-4801 (admin.) They refer people to the Eastern Shore Operations Center (ESOC) 1-888-407-8018 www.msmhs.org | | Verified by BHA June 2018 | |
| Montgomery | Mental Health Association of Montgomery County Youth Suicide Hotline | 1000 Twinbrook Pkwy Rockville, MD 20851 301-424-0656 (admin.) 301-738-2255 (hotline) | | Verified by BHA June 2018 | |
| | Montgomery County Crisis Center | 1301 Piccard Dr. Rockville, MD 20850 240-777-4000 | | Verified by BHA June 2018 | State and County Funds |
| Prince George's | Prince George's County Suicide Hotline | P.O. Box 49 Hyattsville, Maryland 20781 301- 864-7130 | | Verified by BHA June 2018 | Federal, State, private grants |
| | Family Crisis Center of Prince George's County | 3601 Taylor Street Brentwood, Maryland 20722 | Domestic Violence Hotline Only for adults. | networkofcare.org | Federal (VOCA, VAWA), and private grants |

| | | | | | |
|--|---|--|--|--|---|
| | | 301-731-1203 | | | |
| | Prince George's County Crisis Services (Affiliated Sante Group) | 4372 Lottsford Vista Rd. Lanham, MD 20706 (301) 429-2185 www.thesantegroup.org | Children and adults | Verified by BHA June 2018 | Federal, local funds |
| | Prince George's County Crisis Response System Hotline (midnight – 8:00 am) | P.O. Box 49 Hyattsville, Maryland 20781 301-927-4500 | Children and adults | networkofcare.org | Federal, local funds |
| | | | | | |
| Queen Anne's (See Mid-Shore) | | | | | |
| | | | | | |
| Saint Mary's | Walden Behavioral Health Hotline (Charles, Calvert, St. Mary's) | 301-863-6661 | Crisis hotline, on call outreach, community- based and walk in crisis center services provide crisis stabilization, emergency and transitional services, safety planning, counseling, service liaison and advocacy support to individuals and families in crisis or victimized by domestic violence, relationship abuse, sexual assault, rape, dating violence and stalking. | Verified by BHA June 2018 | Hotline locally funded. Services provided are funded by a blend of grants and state funding. |
| | | | | | |
| Somerset | Life Crisis Center Hotline (Caroline, Cecil, Dorchester, | Salisbury, MD | Provides counseling for victims of domestic | Mid-Shore Mental Health Systems, Inc. | |

| | | | | | |
|----------------------------------|---|--|--|---------------------------|----------------------------|
| | Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | Call 2-1-1 Press 1 / 410-749-HELP (this is the state number) | violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution. | Verified by BHA June 2018 | |
| Somerset cont. | Mid-Shore Mental Health Systems, Inc. (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | 28578 Mary's Court, Suite 1 Easton, MD 21601 410-770-4801 (admin.) They refer people to the Eastern Shore Operations Center (ESOC) 1-888-407-8018 www.msmhs.org | | Verified by BHA June 2018 | |
| | | | | | |
| Talbot (See Mid-Shore) | | | | | |
| | | | | | |
| Washington | Frederick County Crisis Hotline Services Mental Health Association of Frederick County (Allegany, Frederick, Garrett, Washington) | 226 Jefferson Street Frederick, MD 21701 301-663-0011 (admin.) 301-662-2255 www.fcmha.org | Youth and adult suicide prevention hot line, Referral source for Mobile Crisis. Provision of referral information through 211. | Verified by BHA June 2018 | Federal, State and County. |
| | | | | | |

| | | | | | |
|------------------|---|--|---|--|--|
| Wicomico | Life Crisis Center Hotline (Caroline, Cecil, Dorchester, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | Salisbury, MD Call 2-1-1 press 1/ 410-749- HELP (this is the state number) | Provides counseling for victims of domestic violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution. | Verified by BHA June 2018 | |
| | Mid-Shore Mental Health Systems, Inc. (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | 28578 Mary's Court, Suite 1 Easton, MD 21601 410-770-4801 (admin.) They refer people to the Eastern Shore Operations Center (ESOC) 1-888-407- 8018 www.msmhs.org | | Verified by BHA June 2018 | |
| | | | | | |
| Worcester | Life Crisis Center Hotline (Caroline, Cecil, Dorchester, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | Salisbury, MD Call 2-1-1 press 1 / 410-749- HELP (this is the state number) | Provides counseling for victims of domestic violence or sexual assault, suicide prevention, support groups, emergency shelter, shelter referral, medical care, and assistance with the process of prosecution. | Verified by BHA June 2018 networkofcare.org | |

| | | | | | |
|--|---|--|--|------------------------------|--|
| | Mid-Shore Mental Health Systems, Inc. (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester) | 28578 Mary's Court, Suite 1 Easton, MD 21601 410-770-4801 (admin.) They refer people to the Eastern Shore Operations Center (ESOC) 1-888-407- 8018 www.msmhs.org | | Verified by BHA June 2018 | |
| | | | | | |

Connectivity to DHMH File Exchange Systems

- 1) CONNECT: DIRECT
- 2) MMEE
- 3) sFTP (Secure FTP)
- 4) eMedicaid
- 5) Email

CONNECT: DIRECT

Interface files between Department and DBA Contractor:

- Recipient Eligibility file(s)
- Provider file
- Drug Claims file
- Drug Reference File
- Encounter History (pre-transition)

CONNECT: DIRECT by IBM, formerly Sterling Commerce is the supported connectivity standard for file exchange between Annapolis Data Center (ADC) and vendors of the State of Maryland.

Vendors will establish connectivity via Connect Direct through ADC. ADC uses an I/P solution for their Connect Direct customers. The IP connection using Connect:Direct will be over the internet, not a private connection to ADC. With the connection via the internet, vendors must encrypt all files using the Secure+ feature which is an additional add on to the Connect:Direct software.

For more information visit:
To be provided during implementation

Maryland Medicaid Electronic Exchange Web Portal (MMEE)

Send 837I & 837P claims and receive 835 Remittance Advice HIPAA transactions:

- 837 Health Care Institutional Claims ANSI X12N 005010X223A2
- 837 Health Care Professional Claims ANSI X12N 005010X222A1

- 835 Health Care Claim Payment/Advice ANSI X12N 005010X221A1
- 997 Acknowledgement 005010X230 or 999 Acknowledgment 005010X231A1

By using <https://editps.dhmf.state.md.us>, you are using a secure web site and/or SFTP server. Your file is encrypted through a secure server using SSL 256 bit encryption.

DBA Contractor must complete trading partner agreement and EDI enrollment forms to enroll as EDI submitter with the State of Maryland's Department Health and Mental Hygiene. To enroll, follow the instructions at:

<http://dhmf.maryland.gov/hipaa/SitePages/testinstruct.aspx>

sFTP (Secure FTP)

DHMH and the DBA Contractor will utilize DHMH's secure FTP server to exchange various reports as defined with the RFP. The DBA Contractor will enroll for FTP access when requesting access to the MMEE Web Portal. The DBA Contractor will provide their PGP (or GPG) public key.

eMEDICAID

DBA Contractor will access eMedicaid to maintain their provider network in MMIS.

To enroll for a Provider ID or request access to eMedicaid go to:

<https://encrypt.emdhealthchoice.org>, click on 'Services for Medical Care Providers' and then click on 'Web Service's User Guide.

EMAIL

DHMH and the DBA Contractor will utilize email to exchange various reports that do not contain PHI information along with general communications.

**U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES
IMPLEMENTATION GUIDANCE ON DATA COLLECTION STANDARDS FOR
RACE, ETHNICITY, SEX, PRIMARY LANGUAGE, AND DISABILITY STATUS**

I. Purpose and Background

Purpose

The purpose of this guidance is to promulgate a set of uniform data collection standards for inclusion in surveys conducted or sponsored by HHS as required by Section 4302 of the Affordable Care Act.

Background

HHS reports, dating back to the landmark 1985 Secretary's Task Force on Black and Minority Health, emphasize the importance of timely and reliable data to assist in identifying racial and ethnic health disparities, in understanding the causes and correlates of disparities, and in monitoring progress in reducing them. HHS has a long commitment to developing such data, best exemplified by the 1997 HHS Data Inclusion policy, which required the collection of uniform standard data on race and ethnicity in all HHS-sponsored data collection activities. Data improvement efforts enhance the ability of the public health and healthcare systems to identify and track disparities in health and health care, understand their correlates and consequences, and facilitate greater accountability for reducing them. However, the lack of standards related to data collection on vulnerable population subgroups remains a challenge for adequately collecting, reporting, and tracking data on health disparities.

Overview of Section 4302 of the Affordable Care Act

The Affordable Care Act (ACA) includes several provisions aimed at eliminating health disparities in America. Section 4302 (Understanding health disparities: data collection and analysis) of the ACA focuses on the standardization, collection, analysis, and reporting of health disparities data. While data alone will not reduce disparities, it can be foundational to our efforts to understand the causes, design effective responses, and evaluate our progress.

Section 4302 requires the Secretary of DHHS to establish data collection standards for race, ethnicity, sex, primary language, and disability status. The law requires that, once established, these data collection standards be used, to the extent practicable, in all national population health surveys. In response to this statutory requirement, this implementation guidance outlines the new minimum data collection standards for race, ethnicity, sex, primary language and disability status for implementation in HHS, along with a description of the data standards development process, the rationale for each data standard, and instructions for their implementation.

II. Data Standards Development Process

Under the auspices of the ACA Prevention Implementation Workgroup and the Section 4302 Implementation Subgroup, the HHS Data Council was asked to recommend data standards for

race, ethnicity, sex, primary language and disability status to support the implementation of Section 4302 of the Affordable Care Act. The HHS Data Council is the principal, senior internal Departmental forum and advisory body to the Secretary on health and human services data policy and coordinates HHS data collection and analysis activities. A special workgroup within the Data Council, the Section 4302 Standards Workgroup, was formed to lead this task. The Workgroup included representatives from HHS, the Office of Management and Budget (OMB), and the Census Bureau. The Workgroup examined current federal data collection standards, adequacy of prior testing, and quality of the data produced in prior surveys; consulted with statistical agencies and programs; reviewed OMB data collection standards and the Institute of Medicine (IOM) Report *Race, Ethnicity, and Language Data Collection: Standardization for Health Care Quality Improvement*, and built on its members' experience with collecting and analyzing demographic data.ⁱ

The following criteria guided development for data standards for each of the five required variables:

1. Data standards would be evidence-based and demonstrated to have worked well in practice for national survey data collection.
2. Data standards would be framed as minimum data standards, with agencies permitted to include as many additional questions on these topics as desired as long as the minimum standard is included. Agencies would also be permitted to include additional response categories for data standards with as much additional detail and granularity as desired, provided that the additional detail could be aggregated back to the minimum standard and the sample design and sample size support estimates at that level of granularity.
3. The data standards would comply at a minimum, with any standards already mandated by OMB.
4. Data standards are for person-level data collected in population-based health surveys, where subjects either self-report information or a knowledgeable proxy provides information about the subject or responds for all persons in a household.

A draft set of data collection standards were developed, subjected to several levels of internal review, and then published for public comment. This policy guidance reflects the final set of data collection standards and supporting guidance for implementation.

III. Data Collection Standards and Rationale for Selection

A. Race and Ethnicity

The starting point for the race and ethnicity data collection standards is OMB's current government-wide standard, issued in 1997 after a comprehensive public engagement process and extensive field testing. The principles underlying these government-wide standards are described below. The justifications for these principles are described by OMB in detail at http://www.whitehouse.gov/omb/fedreg_1997standards/.

- Self-identification is the preferred means of obtaining information about an individual's race and ethnicity, except in instances where observer identification is more practical. The surveyor should not tell an individual who he or she is, or specify how an individual should classify himself or herself.
- To provide flexibility and ensure data quality, separate questions for race and ethnicity should be used wherever feasible. Specifically, when self-reporting or other self-identification approaches are used, ethnicity is asked first, and then race. The standard acknowledges that this standard might not work in other contexts (e.g., administrative records.)
- The specified race and ethnicity categories provide a minimum set of categories except when the collection involves a sample of such size that the data on the smaller categories would be unreliable, or when the collection effort focuses on a specific racial or ethnic group.
 - The OMB minimum categories for race are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.
 - The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino.
- When self-reporting or other self-identification approaches are used, respondents who wish to identify their multi-racial heritage may choose more than one race; there is no “multi-racial” category.
- OMB encourages additional granularity where it is supported by sample size and as long as the additional detail can be aggregated back to the minimum standard set of race and ethnicity categories.
- Any other variation will have to be specifically authorized by the OMB through the information collection clearance process. In those cases where the data collection is not subject to the information collection clearance process, a direct request for a variance should be made to OMB.

The categories for HHS data standards for race and ethnicity are based on the disaggregation of the OMB standard used in the American Community Survey (ACS) and the 2000 and 2010 Decennial Census. The data standard for race and ethnicity is listed below. Race and ethnicity data collection applies to survey participants of all ages.

Ethnicity Data Standard

Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)

- a. ☐ *No, not of Hispanic, Latino/a, or Spanish origin*
- b. ☐ *Yes, Mexican, Mexican American, Chicano/a*
- c. ☐ *Yes, Puerto Rican*
- d. ☐ *Yes, Cuban*
- e. ☐ *Yes, Another Hispanic, Latino/a or Spanish origin*

These categories roll-up to the Hispanic or Latino category of the OMB standard

Race Data Standard

What is your race? (One or more categories may be selected)

- a. ☐ *White*
- b. ☐ *Black or African American*
- c. ☐ *American Indian or Alaska Native*

These categories are part of the current OMB standard

- d. ☐ *Asian Indian*
- e. ☐ *Chinese*
- f. ☐ *Filipino*
- g. ☐ *Japanese*
- h. ☐ *Korean*
- i. ☐ *Vietnamese*
- j. ☐ *Other Asian*

These categories roll-up to the Asian category of the OMB standard

- k. ☐ *Native Hawaiian*
- l. ☐ *Guamanian or Chamorro*
- m. ☐ *Samoan*
- n. ☐ *Other Pacific Islander*

These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard

Rationale for Race and Ethnicity Data Standard

As a result of the 1997 HHS data inclusion policy, the basic OMB standard is already included in most HHS data collection initiatives. The new HHS data standards for race and ethnicity include additional granularity, but all categories roll-up to the OMB standard. However, because additional granularity in the race and ethnicity categories is important for documenting and tracking health disparities, large federal surveys such as the National Health Interview Survey (NHIS), Current Population Survey (CPS), and the ACS have implemented such a more granular strategy, particularly for Hispanic and Asian subpopulations.

Accordingly, the new data standards for race and ethnicity are a slightly modified version of the ACS and Decennial Census questions. These items provide additional granularity for Hispanic (four additional categories) and Asian subpopulations (7 additional categories) beyond the OMB minimum standard categories. The race and ethnicity categories for the ACS and recent Decennial Census have been tested and structured to increase response rates, validity, and reliability.ⁱⁱ The more detailed ACS and recent Decennial Census race categories roll up to the

OMB standard five categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. As with OMB standards, respondents are also instructed to mark all categories that apply (i.e. they may be able to select more than one racial category). The ACS and Decennial Census ethnicity categories roll up to the OMB standard categories: Hispanic or Latino and Not Hispanic or Latino.^{iii,iv} Respondents are also able to select more than one ethnicity category. The recommended standard is in conformance with the methods, logistics, practices and limitations of HHS major surveys, where population estimates are the goal.

HHS agencies may request permission from OMB during the Paperwork Reduction Act clearance process to add a write-in option of “other” to interviewer-administered surveys. This respondent-specified race must then be coded by the agency to the OMB and HHS standards before results are publically reported.

B. Sex

The data standard for sex is male and female. Sex data collection applies to survey participants of all ages.

Sex Data Standard

What is your sex?

- a. ☐ *Male*
- b. ☐ *Female*

Rationale for Sex Data Standard

For the purpose of this report, the category of sex was defined as biologic sex. Sexual orientation and gender identity were considered as separate concepts. The Department has developed a data progression plan for collecting sexual orientation data and has conducted gender identity data collection listening sessions.

C. Primary Language

The standard for primary language is a measure of English proficiency. The recommended question is based on that used on the ACS. The question applies to survey participants aged five years and above.

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

- a. ☐ *Very well*
- b. ☐ *Well*
- c. ☐ *Not well*
- d. ☐ *Not at all*

The primary language data standard represents a minimum standard and the question and answer categories cannot be changed. Additional questions on language may be added to any survey as long as the minimum standard is included.

Optional Granularity

For agencies that wish to collect data on the specific language spoken, the Data Council recommends collecting data on language spoken at home. The recommended survey items are used in the ACS (see below). Collecting this additional information would be optional and at the discretion of the agency, if information on specific language was desired.

1. Do you speak a language other than English at home? (5 years old or older)

a. ☐ Yes

b. ☐ No

For persons speaking a language other than English (answering yes to the question above):

2. What is this language? (5 years old or older)

a. ☐ Spanish

b. ☐ Other Language (Identify)

For agencies that desire to collect information on specific languages beyond Spanish, and have sufficient sample sizes to support such estimates, HHS would publish on the HHS website a list of the ten most prevalent languages spoken in the U.S., as reported by ACS. These would roll up to the “Other Language” category, and provide technical notes to assist in coding. Spanish as a category is reported about 60 percent of the time in the ACS.^v

Rationale for Primary Language Data Standard

The survey item selected for the minimum standard is based on the ACS, which assesses both English proficiency and language spoken other than English, and has been collected by the Census Bureau since 1980.

For statistical, planning, analytical and research purposes, disparities have been associated with English language proficiency rather than specific language spoken. For clinical purposes relating to an individual, specific language and proficiency would both be needed. This recommendation is consistent with language recommendations from the Institute of Medicine report *Race, Ethnicity, and Language Data Collection: Standardization for Health Care Quality Improvement*.

Several HHS surveys currently collect data on language or English proficiency primarily in the preliminary screening phase of in person or telephone interview surveys for administrative purposes in surveys, to determine how or in what language the interview would be administered. It is not the intent of this standard to disrupt those screening practices.

D. Disability Status

The six item set of questions used on ACS and other major surveys to gauge disability is the data standard for survey questions on disability. Note the age thresholds for survey participants for the different disability questions.

Data Standard for Disability Status

- 1. Are you deaf or do you have serious difficulty hearing?*
 - a. ☐ Yes*
 - b. ☐ No*
- 2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?*
 - a. ☐ Yes*
 - b. ☐ No*
- 3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)*
 - a. ☐ Yes*
 - b. ☐ No*
- 4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)*
 - a. ☐ Yes*
 - b. ☐ No*
- 5. Do you have difficulty dressing or bathing? (5 years old or older)*
 - a. ☐ Yes*
 - b. ☐ No*
- 6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)*
 - a. ☐ Yes*
 - b. ☐ No*

The six-item disability standard represents a minimum standard and the questions and answer categories cannot be changed. Additional questions on disability may be added to any survey as long as the minimum standard is included. If the ACS changes the disability questions in the future, HHS will revisit the standard and modify as necessary.

Rationale for Disability Data Standard

The six item set of questions used on the ACS and other major surveys to measure disability was developed by a federal interagency committee and reflects the change in how disability is conceptualized consistent with the International Classification of Functioning, Disability, and Health. The question set defines disability from a functional perspective and was developed so that disparities between the 'disabled' and 'nondisabled' population can be monitored. The question set went through several rounds of cognitive and field testing and has been adopted in many federal data collection systems. OMB has encouraged the use of this question set by other federal agencies conducting similar population studies due to the extensive testing used in the development of these measures, including the findings that alternative measures did not test as

well. Cognitive testing of these questions revealed that the six questions must be used as a set to assure a meaningful measure of disability.^{vi}

IV. IMPLEMENTATION GUIDANCE

A. Inclusion of Data on Race, Ethnicity, Sex, Primary Language and Disability Status: The minimum data standards described herein on race, ethnicity, sex, primary language, and disability status must be included in all population health surveys conducted or sponsored by HHS.

B. Collecting and Reporting Data on Race, Ethnicity, Sex, Primary Language and Disability Status: Data on race, ethnicity, sex, primary language, and disability status must be collected, analyzed, and reported in an objective, accurate, and useful manner. Both the collection and reporting of the data must be sensitive to constituent concerns about potential misuse or abuse. Only those demographic categories for race, ethnicity, sex, primary language and disability status, with adequate sample sizes to provide statistically reliable data, should be reported. Information on the validity and reliability of the data should be included, whenever possible, to enable the readers to judge the credibility of the findings.

C. Data Collection and Reporting Activities Covered by this Policy: This policy applies to population-based health surveys conducted or sponsored by HHS, in which respondents either self-report information or a knowledgeable proxy provides information about the person or responds for all persons in a household.

For purposes of this guidance, the terms “agency conducted or sponsored” are defined as in the Paperwork Reduction Act (PRA) implementing regulations (5 C.F.R. §1320.3(d)) and would generally include any data collection that would require OMB PRA approval.^{vii} A federal agency is considered to “conduct or sponsor” a collection of information if the agency collects the information, causes another agency to collect the information, contracts or enters into a cooperative agreement with a person to collect the information, or requires a person to provide information to another person, or in similar ways causes another agency, contractor, partner in a cooperative agreement, or person to obtain, solicit, or require the disclosure to third parties or the public of information by or for an agency. Collection of information through investigator initiated grants are generally not subject to OMB review or to this policy, except if 1) the grant recipient is conducting the data collection at the specific request of the agency or 2) the terms and conditions of the grant require specific approval by the agency of the data collection procedures (5 C.F.R. §1320.3(d)).

D. Data Standards Represent Minimum not Maximum: The data standards described herein represent minimum standards and are not intended to limit the collection of needed data. Agencies desiring more granularity or additional data are permitted and encouraged to collect additional data as needed as long as: the minimum standard is included; in the case of race and ethnicity the data can be aggregated up to the minimum standard, and the sample size supports those estimates. For the disability data standard, although survey questions and answer categories included in the standard cannot be changed, additional disability questions may be included.

E. Implementation Schedule: Beginning with the effective date of this guidance, HHS agencies are required to include the data collection standards in all HHS conducted or sponsored person-level data collected in population-based health surveys, where subjects either self-report information or a knowledgeable proxy provides information about the subject or responds for all persons in a household. Implementation will be carried out in accordance with normal agency planning, budgeting and data collection cycles. Any new survey must include the standards, and current surveys must incorporate the data standards no later than the time of the next major revision.

V. EXEMPTIONS FROM POLICY

Exemptions to this inclusion policy for data on race, ethnicity, sex, primary language, and disability status for HHS sponsored data collection activities are as follows:

1. When a data collection activity of an HHS Agency, component, or HHS-funded program is directed to one or a limited number of categories of a specific demographic variable (e.g., women), only that specific demographic variable would be excluded, but other standards would still be required. For example, if a survey specifically focuses on women, it is not necessary to collect data on sex, but data collection for race, ethnicity, primary language, and disability status is required. Similarly, an Indian Health Service survey focusing only on American Indians would not be required to include the full race data standard, but would have to include the standards for ethnicity, sex, primary language and disability status.
2. When consultation with the Agency statistician determines that the data on categories for any particular demographic group- race, ethnicity, sex, primary language, or disability status- are considered statistically unreliable, then such demographic groups should not be reported separately unless accompanied by the appropriate caveats.
3. Special exemptions may be granted on a case-by-case basis by the HHS Secretary or a designee.

VI. EFFECTIVE DATE OF POLICY: (Effective upon Secretary's signature)

VII. RELATED POLICIES

Office of Management and Budget government-wide race and ethnicity data collection standards, originally issued in 1997. http://www.whitehouse.gov/omb/fedreg_1997standards/.

HHS Inclusion Policy for Race and Ethnicity <http://aspe.hhs.gov/datacncl/inclusn.htm>

ⁱ IOM (Institute of Medicine). 2009. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*. Washington, DC: The National Academies Press.

ⁱⁱ Alberti, N. (2006) *The 2005 National Census Test: Analysis of the Race and Ethnicity Questions*. Final Report, 2005 National Census Test Analysis. U.S. Census Bureau

- iii Office of Management and Budget. (1997a) *Recommendation from the Interagency Committee for the Review of the Racial and Ethnic Standards to the Office of Management and Budget Concerning Changes to the Standards for Classification of Federal Data on Race and Ethnicity*, Federal Register: 62: 36873-36946, July 9.
- iv Office of Management and Budget. (1997b) *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*, Federal Register: 62: No.210, October 30.
- v Shin, Hyon B. and R. Kominski. (2010). *Language Use in the United States: 2007*, American Community Survey Reports, ACS-12. U.S. Census Bureau, Washington, DC.
- vi Brault, M, S. Stern, D. Raglin. (2007). *Evaluation Report Covering Disability*, American Community Survey Content Test Report P.4. U.S.Census Bureau, Washington, DC.
- vii Controlling Paperwork Burdens on the Public. Code of Federal Regulations. 5 CFR Section 1320.

Required Data Elements

- Client date of birth
- Client age at first service within the reporting period
- Type of Service
- Level of Care
- Days Waiting for Service
- Admission Date
- Discharge Date
- Gender
- Ethnicity*
- Race * Important Note: Under Maryland law, Maryland State Government Code Ann. §§ 10-606 (House Bill 253) the ethnicity question must precede a race question.
- Client insurance eligibility status
- Income information for applicants for uninsured eligibility
- Asset information for applicants for uninsured eligibility
- Educational level
- Marital status
- Living situation
- Homelessness status
- Employment status
- Arrest status/history
- Pregnancy
- School attendance/expulsion/suspension status/history
- Legal status-voluntary/involuntary/court committed
- Military/Veteran status
- Detailed DSM, using the most recent version and including all axes.
- Diagnostic categories as specified by BHA (e.g., SMI/SED)
- County of residence
- Address of client, including zip code
- Legal custody of youth
- Identity of legal guardian
- ICD codes, most recent version
- Current Grade Level
- Maryland residency
- US Citizenship
- Type of Insurance
- Primary Source of Income
- Primary Language*
- Disability Status *
- Source of Referral
- Primary, Secondary and Tertiary Substances Used, including-Age of First Use, Frequency of Use, Route of Administration and Severity of use for each
- Use of Tobacco
- Gambling disorders
- Number of Times in Self-help support group in the past 30 days
- Number of Dependent Children
- Reason for Disenrollment/Discharge

* As defined by Federal standards under the ACA expansion see Exhibit #8: ACA Data Implementation Guide)

Maryland State Department of Education
Division of Rehabilitation Services
www.dors.maryland.gov
APPLICATION for REHABILITATION SERVICES

Referral Information

*Social Security Number: _____ *Birth Date: _____

*Name (Last, First, Middle): _____

What do you prefer to be called? _____

Please list any previous last names (e.g. maiden name, etc.): _____

*Who referred you to DORS? _____

*Home Address (house number and street address, apt., etc.): _____

*City: _____ *State: _____ *Zip Code: _____

*County: _____

Mailing Address:(if different from home address) _____

City: _____ State: _____ Zip Code: _____

County: _____

*Phone: _____ ☐ Home ☐ Cell Phone ☐ Fax ☐ TDD ☐ Videophone ☐ Work

Second Phone: _____ ☐ Home ☐ Cell Phone ☐ Fax ☐ TDD ☐ Videophone ☐ Work

*Email Address: _____

*What is your living arrangement? ☐ Private Residence (independently or with family or other person)

☐ Community Residential Facility or Group Home ☐ Rehabilitation Facility ☐ Mental Health Facility

☐ Nursing Home ☐ Correctional Facility ☐ Halfway House ☐ Substance Abuse Treatment Center

☐ Homeless/Shelter ☐ Other Arrangement: _____

Emergency or Other Contacts:

Name: _____ Relationship: _____

Phone/TDD: _____ Email: _____

Name: _____ Relationship: _____

Phone/TDD: _____ Email: _____

Characteristics

*Gender: ☐ Male ☐ Female ☐ I do not wish to self-identify

*Please identify your race/ethnicity (check all that apply):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ I do not wish to self-identify (this is an option for individuals who are not enrolled in secondary school)

Are you Hispanic or Latino? ☐ Yes ☐ No

Do you need assistance with communicating in English? ☐ Yes ☐ No

Please explain: _____

Do you need assistance with reading English? ☐ Yes ☐ No

Please explain: _____

*What is your primary language?

☐ English ☐ Chinese ☐ Korean ☐ Russian ☐ Spanish ☐ Vietnamese

☐ American Sign Language (ASL) ☐ Contact Signing/PSE ☐ Signed Exact English ☐ Foreign Sign Language

☐ Speech Reading ☐ Tactile Communication ☐ Other: _____

*How would you prefer to receive written communication?

☐ Standard Print ☐ Braille ☐ Large Print ☐ Electronic Format/E-mail ☐ Audio Recording

If you would like DORS staff to send job leads, appointment reminders, schedule changes and other updates to you by text message, please indicate your cell phone number and cell phone service provider/carrier:

Cell Phone Number: _____

Provider: ☐ AT&T ☐ Alltel ☐ Boost Mobile ☐ Cricket ☐ Metro PCS ☐ Net10 ☐ Sprint PCS ☐ Straight Talk

☐ T-Mobile ☐ TracFone ☐ US Cellular ☐ Verizon ☐ Virgin Mobile ☐ Other: _____

***Are you a U.S. Citizen?** ☐ Yes ☐ No

***If not, are you authorized to work in the U.S.?** ☐ Yes ☐ No

Employers by law must require all new hires to fill out a federal I-9 "Employment Eligibility Verification" form based on certain forms of I.D. Which of the following forms of ID do you currently possess for I-9 verification? Check all that apply:

☐ U.S. Passport ☐ Driver's License ☐ State/Government-issued ID Card ☐ U.S. Military ID
☐ Permanent Resident Card ("Green Card") – Alien Registration Number: _____ Expiration: _____
☐ Social Security Card ☐ Birth Certificate ☐ None

If you have no I.D., have you applied for I.D.? ☐ Yes ☐ No

***Veteran Status**

☐ I am not a veteran.
☐ Yes, I am a veteran, which means I served in active military, naval or air service, and was discharged or released under conditions other than dishonorable.

Please indicate below any programs or services with which you are involved at this time:

☐ Adult Education and Literacy Program ☐ Other VR State Agency (Out-of-State)
☐ Department of Social Services (DSS) ☐ Other Source: _____
☐ American Job Center (AJC)/One-stop
☐ Employment Network through Social Security Ticket-to-Work Program: _____

Financial Information

How many dependents do you have, including yourself? _____

***What is your gross monthly family income? \$** _____

***What is your primary source of support?**

☐ Personal Income (employment earnings, interest, dividends, rent, retirement including Social Security retirement)
☐ Public Support (SSI, SSDI, Other Disability, TANF, VA, General Assistance, Worker's Compensation, etc.)
☐ Spouse, Family and Friends
☐ Other Sources (private disability insurance and private charities)

***Please identify your SSDI (Social Security Disability Insurance) Status:**

☐ Allowed/Receiving Benefits ☐ Denied Benefits ☐ Application Pending ☐ Benefits Discontinued/Terminated
☐ Not an Applicant ☐ Status Not Known

***Please identify your SSI (Supplemental Security Insurance) Status:**

☐ Allowed/Receiving Benefits ☐ Denied Benefits ☐ Application Pending ☐ Benefits Discontinued/Terminated
☐ Not an Applicant ☐ Status Not Known

***Please list all public benefit amounts (per month):**

SSI Type: ☐ Aged ☐ Blind ☐ Disabled \$ _____ **SSDI:** \$ _____
VA (Veterans' Disability Benefits): \$ _____ **TANF (Dept. Social Services):** \$ _____
General Assistance (Dept. Social Services): \$ _____ **Other Disability:** \$ _____
Workers' Compensation: \$ _____ **Unemployment Insurance (DLLR):** \$ _____
Other public benefit: \$ _____

***What medical insurance do you have? (check all that apply)**

☐ None ☐ Medicaid/Medical Assistance ☐ Medicare ☐ Workers' Compensation ☐ Affordable Care Act
Exchange (State or Federal) ☐ Other Public Insurance – Source: _____
☐ I am employed and have private insurance through my own job.
☐ I am employed, and will have private insurance through the job I am doing now after a set period of time.
☐ I have private insurance through other means (parent or other family member).

If you have insurance, who is the policy holder? _____

Medicaid Number: _____ **Medicare Number:** _____
Primary Adult Care (PAC) Number: _____ **Worker's Compensation Claim Number:** _____

Education Information & History

***If you are currently in high school:**

What is your 10-digit Maryland State Student I.D.? _____

What grade are you in? _____ What school do you attend? _____

What year did you begin high school? _____ What year will you graduate or exit school? _____

When you graduate or exit school, do you expect to receive ☐ a diploma or ☐ a certificate?

Are you receiving education services and support under a 504 Accommodation Plan? ☐ Yes ☐ No

If not, are you receiving education services under an Individualized Education Plan (IEP)? ☐ Yes ☐ No

If you completed high school, did you exit with a diploma or a certificate? ☐ Diploma ☐ Certificate ☐ Neither

On what date did you complete high school? _____

*If you are not currently in high school, what is the highest level of education you completed?

☐ No formal schooling

☐ Elementary or Secondary School Grade: _____

☐ High School Certificate of Completion

☐ High School Diploma

☐ GED

☐ Post-Secondary Education (no degree or certificate)

☐ Vocational/Technical Certificate

☐ Vocational/Technical License

☐ AA Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Graduate Degree (e.g., PhD, EdD, JD, MD)

Number of credits earned toward degree: _____

On what date did you complete your highest level of education? _____

* Are you currently a student, an intern, in training or volunteering? ☐ Yes ☐ No

If applicable, describe current training/education: _____

Employment Information

If you are not employed, when was the last date you were employed? _____

*If you are employed:

What is your job title? _____

Is this self-employment or a Business Enterprise Program (BEP)? ☐ Self-Employment ☐ BEP ☐ No

How many hours do you work per week? _____

What is your salary or average hourly wage (including tips)? \$_____ ☐ Annually ☐ Monthly ☐ Weekly ☐ Hourly

Are you a transitioning service member? ☐ Yes ☐ No

Are you requesting services because you are in jeopardy of losing your job? ☐ Yes ☐ No

Have you received a termination notice or a Worker Adjustment & Retraining Notification (WARN)? ☐ Yes ☐ No

Work History - Please list your full work history, and start with most recent job first, or provide copy of your resume:

Employer: _____ Start Date: _____ End Date: _____

Address: _____

Job Title: _____ Job Duties: _____

Average Hours Worked Per Week: _____ Salary: _____

Reason for Leaving: _____

Employer: _____ Start Date: _____ End Date: _____

Address: _____

Job Title: _____ Job Duties: _____

Please attach any additional work history.

Disability Information - Please list and describe your disabilities, beginning with your primary disability:

1. *Disability: _____ Date of onset: _____

*This disability is a result of: _____

How does this disability limit your ability to obtain employment, work, or live independently?

2. Disability: _____ Date of onset: _____

This disability is a result of: _____

How does this disability limit your ability to obtain employment, work, or live independently?

3. Disability: _____ Date of onset: _____

This disability is a result of: _____

How does this disability limit your ability to obtain employment, work, or live independently?

Other Information

Please describe any special needs or work-related concerns you may have (e.g., personal care assistance, child care, transportation, criminal background): _____

*What do you hope to gain from participating in rehabilitation services (i.e., the kind of work you want to do or your independent living goals)? _____

Other comments, concerns or additional information: _____

REQUEST FOR SERVICES AND NOTIFICATION OF RIGHTS

I am requesting rehabilitation services and have been given a copy of the Opening Doors to Employment, Informed Choice and Client Assistance Program brochures. I understand my rights and responsibilities under this program. Information that I have provided is to the best of my knowledge true, correct and complete. I understand that giving DORS untrue and/or fraudulent information may result in services not being provided or continued. By signing this request I give permission for DORS to verify my status as a recipient of Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI).

Before signing, please discuss with your DORS counselor any information you do not understand.

Applicant Signature/Date: _____

Signature of Parent or Representative: _____

(if applicant is in high school, under age 18 or has a legal guardian)

INFORMATION GATHERING

- The principal purposes served by gathering information requested on the Application, Financial Statement and individualized plan of services are 1) to determine your eligibility for rehabilitation services; 2) to determine what, if any financial participation you may be expected to provide; and 3) to plan your services.
- Refusal to provide the requested information will result in DORS finding you not eligible for services.
- You have a right to review, amend or correct the requested information under Maryland Annotated Code, State Government Article, Section 10-611-10-629.
- The requested information is not available for public inspection, unless you give written permission.
- The requested information is routinely shared with other governmental agencies when information is needed for you to obtain benefits or services; for audit, evaluation or research purposes connected with the administration of the rehabilitation program as long as confidentiality is safeguarded; and to obtain payment for services which have been provided when covered by third party resources.
- DORS requests the Social Security Number of applicants for services and uses it only for federal reporting purposes and, as applicable: (1) confirmation of Social Security benefits and presumption of eligibility, and (2) financial transactions.

Instructions for the Barriers to Employment Page in AWARE

The Workforce Innovation and Opportunity Act requires DORS and other workforce programs to collect information on factors which may result in barriers to employment. In addition to assisting your DORS counselor to better understand your unique needs, the questions below may help your counselor locate other community resources and benefits that will assist you.

Instructions:

- This information is required as of the first Individualized Plan for Employment (IPE).
- If employed, provide requested employment information in Section 1.
- For each question below in Section 2, review the reasons why you would select "Yes," and then select "Yes," or "No."

Section 1: Employment Status at Plan: (Leave this section blank if you are not currently employed)

What is your job title? _____
Is this self-employment or a Business Enterprise Program (BEP)? ☐ Self-Employment ☐ BEP ☐ Neither
How many hours do you work per week? _____
What is your hourly wage/salary, including tips? \$_____ ☐ Per Hour ☐ Per Week ☐ Per Month ☐ Per Year
Are you a transitioning service member? ☐ Yes ☐ No
Have you received a Notice of Termination? ☐ Yes ☐ No
Have you received a Worker Adjustment & Retraining Notification (WARN)? ☐ Yes ☐ No

Section 2: Barriers to Employment Information:

1. Are you Long-Term Unemployed? ☐ Yes ☐ No

Select "Yes" if you are now unemployed and have been unemployed for the previous 27 (or more) consecutive weeks, regardless of your age or school status.

2. Are you currently homeless? ☐ Yes ☐ No Select "Yes" if:

- You are living with others or in a shelter due to economic hardship or lack of adequate accommodations, or
- You stay at night in a car, abandoned building, airport, park, or other public or private place not ordinarily used as a place for sleeping, or
- You are under the age of 18 and have left home without permission or are waiting for foster care.

3. Are you or were you in foster care? ☐ Yes ☐ No Select "Yes" if:

- You are under the age of 25 and one of these is true:
 - I am currently in a foster care program, or
 - I was formerly in a foster care program and have since aged out.

4. Do you qualify as an ex-offender? ☐ Yes ☐ No Select "Yes" if:

- You have been subject to any stage of the criminal justice process for committing a status offense or delinquent act and, as a result, one or more of the following is true:
 - Employers running a background check against national data will find you have a history of arrest, charges, prosecution, and/or conviction, or
 - Anyone using the Maryland Judiciary Case Search will find you were a defendant in a criminal case, or
 - You require assistance in overcoming barriers to employment resulting from a record of arrest or conviction.
- You may choose not to self-disclose

5. Do you qualify as someone who has "low income"? ☐ Yes ☐ No Select "Yes" if:

- You are homeless, or a youth living in a high poverty area, or
- You are a youth in foster care or a student eligible for free or reduced price lunch, or
- You or the family with whom you live either receive now or received in the six months before applying for services one or more of the following: SSI, state or local income-based public assistance, or food stamps (SNAP), or
- Your own income is at or below the poverty line or you are in a family whose total income does not exceed the higher of the U.S. poverty guideline (Reference: www.doleta.gov/llsil/) or 70% of the lower living standard income level.

6. Do you have limited English skills? ☐ Yes ☐ No Select "Yes" if:

- You have limited ability to speak, read, write, or understand English, and one or more of these statements are true:
 - English is your second language,
 - or
 - English is not the primary language in the family or community in which you live.
-

7. Do you have a low level of literacy or are you lacking in basic skills? ☐ Yes ☐ No Select "Yes" if:

- You are under the age of 25 with less than 8th grade reading, writing, or math skills on standardized school tests, or
 - You are a youth or adult who is unable to use English to read and write or to use math at a level needed to maintain employment or function at home or in the community.
-

8. Do you have any cultural barriers to employment? ☐ Yes ☐ No Select "Yes" if:

- You have attitudes, beliefs, customs, or practices derived from your cultural experience which may hinder employment.
 - You may choose not to self-disclose.
-

9. Are you a single parent? ☐ Yes ☐ No Select "Yes" if:

- You are single, separated, divorced, or widowed and either are pregnant or have a dependent child less than age 18.
 - You may choose not to self-disclose.
-

10. Are you a displaced homemaker? ☐ Yes ☐ No Select "Yes" if:

- You previously provided unpaid service to family members in the home, and
 - You are now unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment, and
 - One of these statements is true:
 - You were dependent on the income of another family member but are no longer supported by that income, or
 - You are the dependent spouse of a member of the Armed Forces whose family income has reduced significantly because of deployment, a call or order to active duty, a permanent change of station, or service-connected death or disability.
-

11. Are you a migrant or seasonal farmworker? ☐ Yes ☐ No Select "Yes" if:

- You did qualify as one who has "low income" (above), and you have been primarily employed in agriculture or fish farming labor for 12 months during the two years prior to applying for DORS services, and have been chronically unemployed or underemployed, and you now face multiple barriers to economic self-sufficiency, or
 - You are a seasonal farmworker whose agricultural labor requires travel to a job site such that you are unable to return to a permanent place of residence within the same day, or
 - You are dependent on someone described above as a seasonal or migrant farmworker.
-

12. Will you exhaust TANF within the next two years? ☐ Yes ☐ No Select "Yes" if:

- You are receiving TANF now or you have received TANF previously, and
 - You are within two years of exhausting lifetime eligibility for TANF (even if you are not currently receiving TANF benefits at the time of the initial IPE). You are within two years of exhausting the lifetime benefit if you have received TANF for at least 36 total months any time during your lifetime.
-

To the best of my knowledge, my responses are complete and correct.

Participant Signature/Date: _____

Participant's Representative Signature/Date: _____