

Title 10
MARYLAND DEPARTMENT OF HEALTH
Subtitle 09 MEDICAL CARE PROGRAMS

10.09.27 Home Care for Disabled Children Under a Model Waiver

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1)—(7) (text unchanged)

(8) *“Face-to-face” means contact with a participant that occurs in-person or via audio-visual telehealth in accordance with COMAR 10.09.49.*

[(8)] (9)—[(30)] (31) (text unchanged)

(32) *“Telehealth” has the meaning stated in COMAR 10.09.49.02.*

[(31)] (33)—[(32)] (34) (text unchanged)

.03 Conditions for Participation.

A. (text unchanged)

B. Specific requirements for participation in the Program as a provider of home care services are as follows:

(1) The home care case management provider shall:

(a) (text unchanged)

(b) Be available to participants *in-person* at least 8 hours a day, 5 days a week with established hours of operation.

(c) (text unchanged)

(d) Convene the multidisciplinary team which:

(i)—(iii) (text unchanged)

(iv) *Coordinates at least one in-person meeting annually, unless otherwise authorized by the Department;*

(v) *Unless otherwise excepted in §B(1)(d) of this regulation, may meet in-person or via telehealth; and*

[(iv)] (vi) (text unchanged)

(e) Provide for in-home assessments [by the principal physician], *via an in-person visit or telehealth*, on a quarterly basis or as determined necessary by the principal physician[.];

(f) *Conducts at least two in-person visits annually, unless otherwise authorized by the Department.*

[(f)] (g) (text unchanged)

(2)—(3) (text unchanged)

(4) *The provider of home care services shall:*

(a) *Deliver services in-person unless expressly authorized to render services via telehealth; and*

(b) *If delivering services via telehealth, comply with COMAR 10.09.49 and any subregulatory guidance issued by the Department.*

.04 Covered Services.

A. The Program reimburses for home care services which include the following:

(1) (text unchanged)

(2) Home care case management which includes:

(a)—(d) (text unchanged)

(e) Providing for in-home assessments [by the principal physician], *via an in-person visit or telehealth as authorized by the Department*, on a quarterly basis, or as determined necessary by the principal physician;

(3)—(5) (text unchanged)

(6) *Delegated nursing services provided by a certified nursing assistant or home health aide who is also a certified medical technician when:*

(a) *The complexity of the service or the condition of a participant requires the judgment, knowledge, and skills of the certified nursing assistant or home health aide for at least 2 or more continuous hours;*

(b) *The services provided include but are not limited to:*

(i) *Assistance with activities of daily living when performed in conjunction with other delegated nursing services; or*

(ii) *Other nursing services properly delegated by a nurse pursuant to Health Occupations Article, Title 8, Annotated Code of Maryland, and in accordance with COMAR 10.27.11;*

(c) *Sufficient documentation is maintained by the certified nursing assistant or home health aide including signed and dated progress notes which are reviewed by the nurse supervisor; and*

(d) *Supervisory visits are conducted and documented by a registered nurse supervisor in accordance with COMAR 10.27.09 and 10.27.11.*

[(6)] (7) (text unchanged)

B. (text unchanged)

.05 Participant Eligibility.

A.—B. (text unchanged)

C. Optional Categorically Needy Eligibility. Individuals who do not qualify for supplemental security income benefits may apply for eligibility under the provision of this section and applicable sections of COMAR 10.09.24, as follows:

(1) (text unchanged)

(2) An individual is eligible for medical assistance benefits as an optional categorically needy individual if [he complies] *they comply* with the requirements of §C(1) of this regulation, including the requirement that resources not exceed the applicable standard for supplemental security income eligibility, and if the income of the individual before the disregards specified in §C(3) of this regulation does not exceed 300 percent of the supplemental security income benefit amount payable under §1611(b)(i) of the Social Security Act to an individual in [his] *their* own home who has no income or resources.

(3) Disregards. The following disregards are subtracted from income computed according to COMAR 10.09.24.07, exclusive of Regulation .07L [and M], in order to determine the amount of the income of recipients qualifying under this section to be applied toward the cost of services specified in Regulation .04 of this chapter.

(a) The amount of the medically needy income standard for one person established under COMAR [10.09.24.07N] 10.09.24.07;

(b) (text unchanged)

D.—F. (text unchanged)

.06 Payment Procedures.

A.—B. (text unchanged)

C. Rates.

(1) (text unchanged)

(2) *Effective July 1, 2022, rates for services governed by this chapter are as follows:*

(a) *For home health aide or certified nursing assistant services provided to one participant:*

(i) *\$5.0809 per 15 minutes of services; or*

(ii) *If the services are rendered by a home health aide or certified nursing assistant who is also a certified medical technician, \$6.1208 per 15 minutes of services;*

(b) *For home health aide or certified nursing assistant services provided to two or more participants in the same residence:*

(i) *\$3.5044 per 15 minutes of services per participant; or*

(ii) *If the services are rendered by a home health aide or certified nursing assistant who is also a certified medical technician, \$4.2232 per 15 minutes of service per participant;*

(c) *Payments for home care case management services shall be made as follows:*

(i) *Waiver enrollment process—\$1,181.61;*

(ii) *First month of home care case management—\$1,181.61;*

(iii) *The second and any subsequent month of home care case management—\$590.80.*

[(2)] (3) [Effective July 1, 2018] *Subject to the limitations of the State budget, the Program's rates as specified in [the Department's fee schedule] this regulation shall increase [on July 1 of each year by 3 percent, subject to the limitations of the State budget] by 4 percent each year through Fiscal Year 2026.*

DENNIS R. SCHRADER

Secretary of Health