PROPOSAL
Maryland Register
Issue Date: September 10, 2021
Volume 48 • Issue 19 • Page 805-810

Title 10
MARYLAND DEPARTMENT OF HEALTH

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.48 Targeted Case Management for People with Developmental Disabilities

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

Notice of Proposed Action

[21-137-P]

The Secretary of Health proposes to amend Regulations **.01—.08** under **COMAR 10.09.48 Targeted Case Management for People with Development Disabilities**.

Statement of Purpose

The purpose of this action is to implement a 4 percent rate increase for targeted case management services, in accordance with the State budget, approved under House Bill 588, Budget Bill (Fiscal Year 2022), Ch. 357 (H.B. 588), Acts of 2020. Furthermore, pursuant to the findings of a rate study required by Ch. 648, Acts of 2014, the proposed action effectuates a geographic differential for targeted case management providers in certain counties. It also updates terms and conditions for participation to align with current practice and the approved Maryland Medicaid State Plan.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The proposed action effectuates a 4 percent rate increase for targeted case management providers and a geographic differential for providers rendering services to Maryland Medicaid participants in certain counties. In FY 2022, the total impact of the proposed action equals $3,390,402.

II. Types of Economic Impact.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:	(E+)	$3,390,402
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+) Cost (-)	**Magnitude**
D. On regulated industries or trade groups:	(+)	$3,390,402
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. (1) 4,029,285 units of targeted case management service will be provided in FY 2022;

(2) Services provided to Maryland Medicaid participants residing in Calvert, Charles, Frederick, Montgomery, and Prince George's counties are subject to a geographic differential based on the Bureau of Labor Statistics' wages for the Washington,

D.C. metro Metropolitan Statistical Area. The 4 percent rate increase raises reimbursement for these services from $21.82 per unit to $22.69 per unit. This represents 28.6 percent of targeted case management utilization, or 1,152,376 units;

(3) The 4 percent rate increase raises reimbursement for services in all other counties from $20.72 per unit to $21.55 per unit. This represents 71.4 percent of targeted case management utilization, or 2,876,909 units;

(4) The magnitude of the rate increase for units of service subject to the geographic differential is $1,002,567;

(5) The magnitude of the rate increase for projected units of service not subject to the geographic differential is $2,387,835; and

(6) The total amount, $3,390,402, is subject to a 50 percent federal match ($1,695,201 federal funds, $1,695,201 general funds).

D. See A above.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows.

The proposed action increases reimbursement for small businesses that provide targeted case management services for people with developmental disabilities. It further effectuates an increase in reimbursement for small businesses that provide targeted case management services to Maryland Medicaid participants residing in Calvert, Charles, Frederick, Montgomery, and Prince George's counties.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

The provider rate increases included in this proposal may improve access to targeted case management services for Maryland Medicaid participants.

Opportunity for Public Comment

Comments may be sent to Jason Caplan, Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to mdh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 12, 2021. A public hearing has not been scheduled.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1)—(2) (text unchanged)

(3) *"*"Community Coordination Services**[**.**]***" means provision of core services to individuals receiving ongoing DDA funding for comprehensive community services.*

[(a) "Community coordination services" means resource coordination services provided to individuals receiving ongoing DDA funding for community services.

(b) "Community coordination services" includes:

(i) Development of an individual plan;

(ii) Referrals and related activities; and

(iii) Monitoring and follow-up activities.**]**

(4) (text unchanged)

(5) "Comprehensive assessment" means an assessment of the applicant's needs and supports to *enable the DDA to* determine *the applicant's* eligibility *for DDA funding of comprehensive community services.*

(6)—(7) (text unchanged)

(8) "Coordination of community services" means *the provision of* targeted case management services that assist participants in gaining access to the full range of medical assistance services, as well as access to any additional needed generic, medical, social, habilitative, **[**vocational**]** *employment*, recreational, housing, financial, counseling, legal, educational, and other support services.

(9)—(10) (text unchanged)

(11) "Core services" means the following community services:

(a) (text unchanged)

(b) Development of the **[**individual**]** *person-centered* plan;

(c)—(d) (text unchanged)

(12)—(14) (text unchanged)

(15) "Developmental disability" **[**means a severe, chronic disability, as defined**]** *has the same meaning as set forth* in Health-General Article, §7-101, Annotated Code of Maryland**[**, that:**]**.

[(a) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;

(b) Is manifested before the individual becomes 22 years old;

(c) Is likely to continue indefinitely;

(d) Results in an inability to live independently without external support or continuing and regular assistance; and

(e) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated with the individual.**]**

(16)—(18) (text unchanged)

[(19) "Individual plan" means a comprehensive, outcome-directed, person-centered service plan that is developed and revised by the coordinator of community services in collaboration with the individual and his or her identified representatives.**]**

[(20)**]** ***(19)***—**[**(21)**]** *(20)* (text unchanged)

[(22)**]** *(21)* "Most integrated setting" means a setting that enables **[**an individual**]** *a participant* with a disability to interact with nondisabled individuals other than staff to the fullest extent possible.

[(23)**]** *(22)*—**[**(24)**]** *(23)* (text unchanged)

(24) Person-Centered Plan.

(a) "Person-centered plan" means a written plan that is developed through a planning process driven by the participant with a developmental disability to:

(i) Identify the participant's goals and preferences;

(ii) Identify services to support the participant in pursuing the participant's personally defined outcomes in the most integrated community setting;

(iii) Direct the delivery of services that reflect the participant's personal preferences and choice; and

(iv) Identify the participant's specific needs that must be addressed to ensure the participant's health and welfare.

(b) "Person-centered plan" includes an individual plan as referenced in COMAR 10.22.

(25) "Person-directed supports" means service and supports that empower the **[**individual**]** *participant*, and the legally authorized representative on the **[**individual's**]** *participant's* behalf, to direct the development and implementation of a plan of supports and services that meet the **[**individual's**]** *participant's* personal goals.

(26)—(27) (text unchanged)

(28) "Provider" means an entity that meets the conditions for participation specified in Regulation .04 of this chapter, and is authorized by DDA to provide coordination of community services **[**for individuals with a developmental disability**]**.

[(29) "Recipient" means an individual who is certified as eligible for, and is receiving, Medical Assistance benefits.**]**

[(30)**]** *(29)* "Reportable events" means specified incidents and complaints noted in the DDA Policy on Reportable Incidents and Investigations (PORII), *as required under COMAR 10.22.02.01 and* established to ensure the health, safety, and welfare of **[**individuals**]** *participants* receiving services from **[**DDA-licensed and**]** DDA-funded providers.

[(31)**]** *(30)* (text unchanged)

[(32)**]** *(31)* "Service record" means all past and current health, eligibility, request for service change, service funding plan, **[**individual**]** *person-centered* plan, and coordination of community services documents and records.

[(33)**]** *(32)* (text unchanged)

[(34) Targeted case management" means an optional service allowed under federal Medicaid rules which includes services to assist target populations of Medicaid participants to gain access to needed medical, social, educational, and other services.**]**

(33) Targeted Case Management.

(a) "Targeted case management" means an optional service allowed under federal Medicaid rules which includes services to assist target populations of Medicaid participants to gain access to needed medical, social, educational, and other services.

(b) "Targeted case management" includes:

(i) Performance of a comprehensive assessment and periodic reassessment of participant needs, to determine the need for any medical, educational, social, or other services;

(ii) Provision of waiting list coordination services;

(iii) Provision of community coordination services; and

(iv) Provision of transition coordination services.

[(35)**]** *(34) "*Transition Coordination Services*"***[**.**]**

[(a) "Transition coordination services"**]** means **[**coordination of community**]** *provision of core* services **[**provided**]** to **[**individuals**]** *participants* transitioning to the community from an institution.

[(b) "Transition coordination services" may include:

(i) The development of an individual plan;

(ii) Referral and related activities; and

(iii) Monitoring and follow-up activities.**]**

[(36)**]** *(35)* (text unchanged)

[(37)**]** *(36)* "Waiting list" means **[**individuals**]** *participants* found eligible for services in the crisis resolution, crisis prevention, or current request priority category as set forth in COMAR 10.22.12.07B.

[(38)**]** *(37) "*Waiting List Coordination Services*"***[**.**]**

[(a) "Waiting list coordination services"**]** means **[**coordination of community**]** *provision of core* services **[**provided**]** to **[**individuals**]** *participants* on the DDA waiting list.

[(b) "Waiting list coordination services" may include:

(i) The development of an individual plan;

(ii) Referral and related activities; and

(iii) Monitoring and follow-up activities.**]**

.02 [License] ***Certification*** **Requirements.**

The provider shall meet all applicable **[**license**]** *certification* requirements as set forth in COMAR 10.22.02 unless otherwise authorized by the Developmental Disabilities Administration.

.03 Participant Eligibility.

To be eligible for services covered under this chapter, a participant or applicant shall:

A. **[**Be**]** *Apply to be a Medical Assistance Program participant or be* **[**Medicaid**]** *Medical Assistance Program* eligible; and

B. Either:

(1) (text unchanged)

(2) Be eligible for funding from the DDA as set forth in COMAR 10.22.12, and meet one of the following conditions:

(a) Be determined to have a developmental disability **[**as set forth in COMAR 10.22.12.03B(9)**]** and currently on the DDA waiting list;

(b) (text unchanged)

(c) Be determined to have a developmental disability **[**as set forth in COMAR 10.22.12.03B(9)**]** and in the process of transitioning to the community.

.04 Conditions for Participation — General.

A.—B. (text unchanged)

C. Administrative and Professional Requirements. To participate in the Program as a provider of services covered under this chapter, the provider shall:

(1)—(3) (text unchanged)

[(4) Be selected by DDA as a "most advantageous" provider for the State as a term that is defined in COMAR 21.01.02.01;

(5) Attend a DDA single point of entry session;**]**

[(6)**]** *(4)* (text unchanged)

[(7) Serve all individuals in the DDA-defined jurisdiction referred by the DDA;**]**

[(8)**]** *(5)* Maintain a standard 8-hour operational day Monday through Friday and have flexible staffing hours that include nights and weekends to accommodate the needs of **[**individuals**]** *participants* receiving *coordination of community* services;

[(9)**]** *(6)* Maintain a **[**toll free**]** *toll-free* number, unless otherwise authorized by the DDA, and an accessible communication system in accordance with the Americans with Disabilities Act of 1990;

[(10)**]** *(7)* Maintain a communication system that is accessible for **[**individuals**]** *participants* with limited English proficiency;

[(11)**]** *(8)* Provide alternative communication methods to serve the needs of **[**individuals**]** *participants* receiving *coordination of community* services and their family members;

[(12)**]** *(9)* Have a means for **[**individuals**]** *participants*, their families, community providers, and DDA staff to contact the coordination of community services designated staff directly in the event of an emergency and at times other than standard operating hours;

[(13)**]** *(10)*—**[**(15)**]** *(12)* (text unchanged)

[(16)**]** *(13)* Notify the DDA immediately in writing of any critical incidents that affect the health, safety, and welfare of **[**an individual**]** *a participant*, as well as administrative and quality of care complaints as required by the DDA Policy on Reportable Incidents and Investigations; and

[(17)**]** *(14)* Submit required documents and forms to **[**DDA**]** *the Department* as requested.

D. Operational Requirements. To participate in the Program as a provider of services covered under this chapter, the provider shall:

(1)—(4) (text unchanged)

(5) Submit to the Department annually by July 15th the final quality plan summary reports *unless otherwise directed by the Department*;

(6) Maintain a thorough understanding and knowledge of:

(a) Eligibility requirements, application procedures, and scope of services of local, State, and federal resources and programs which are applicable to **[**individuals**]** *participants* eligible for DDA services;

(b) (text unchanged)

(c) Person-centered planning methodology and **[**individualized**]** *person-centered* plan development and monitoring;

(7)—(8) (text unchanged)

(9) Obtain authorization from the DDA before providing any coordination of community services to any **[**individual**]** *participant*;

(10) In providing coordination of community services, meet the following requirements:

(a) All **[**individuals**]** *participants* referred for coordination of community services by the DDA shall be contacted within 3 business days of receipt of referral unless otherwise authorized by the DDA;

(b) A face-to-face meeting with the referred **[**individual**]** *participant* shall be arranged at a time and location convenient for the referred individual during the first contact;

(c) A face-to-face meeting shall occur within 7 business days of the initial contact unless the **[**individual's**]** *participant's* health or schedule conflicts;

(d)—(e) (text unchanged)

(f) In the event of emergencies, the **[**individual**]** *participant* referred for coordination of community services by the DDA shall be contacted by the coordinator of community services as circumstances require or as requested by the DDA.

E. Participant Record. The provider shall maintain a record on each participant which meets the Program's requirements and which includes:

(1)—(4) (text unchanged)

(5) A completed **[**individual**]** *person-centered* plan;

(6)—(7) (text unchanged)

(8) Documentation that indicates whether the **[**individual**]** *participant* has declined services in the **[**individual**]** *person-centered* plan and the reason for declining;

(9) Documentation that includes:

(a) (text unchanged)

(b) A timeline for re-evaluation of the **[**individual**]** *person-centered* plan not less than annually; and

(c) The name and position of the individual responsible for completing tasks related to the **[**individual**]** *person-centered* plan;

(10) Status of progress on participant-intended outcomes identified in the **[**individual**]** *person-centered* plan;

(11)—(12) (text unchanged)

F. Technology Requirements. To participate in the Program as a provider of services covered under this chapter, the provider shall:

(1) Utilize an electronic information system which, at a minimum:

(a) (text unchanged)

(b) Provides documentation of coordination of community services and number of units provided for **[**individuals**]** *participants* receiving services;

(c)—(d) (text unchanged)

(2) (text unchanged)

G. Billing. To **[**participate in the program as a provider of services covered**]** *receive payment for services covered* under this chapter, the provider shall:

(1) **[**Assist the DDA with billing, processing, and reconciling Medicaid claims as required by the Department**]** *Comply with Department's requirements for submitting, processing, and reconciling claims for payment for services rendered under this chapter*;

(2)—(4) (text unchanged)

H. Freedom of Choice. The provider shall place no restrictions on the **[**qualified**]** participant's freedom of choice among:

(1)—(2) (text unchanged)

(3) **[**Person-directed supports and services**]** *Service delivery models available under the DDA's Medicaid waiver programs*.

I. Transfer of Service Records. For participants changing from one DDA-authorized coordination of community services provider to a different DDA-authorized coordination of community services provider, the outgoing provider shall:

(1) (text unchanged)

(2) Share with the new provider the participant's demographic information and the most recent **[**individual**]** *person-centered* plan within 5 business days of notification of transfer for the continued coordination of services.

J. (text unchanged)

.05 Conditions for Participation — Staff Requirements.

A. Staff Capability Requirements. The provider shall:

(1) Employ only **[**appropriately qualified**]** personnel *who are appropriately qualified* as set forth in this regulation;

(2) Maintain sufficient staff required to meet the needs of the **[**service population**]** *participants whom the provider serves*;

(3) Have administrative and supervisory staff to ensure the quality of coordination of community services *provided by the provider*;

(4)—(5) (text unchanged)

B. Staff Training Requirements.

(1) All **[**DDA-licensed**]** *DDA-certified* coordination of community services providers shall ensure through appropriate documentation that coordination of community services staff*, supervisors, and quality assurance staff* receive training **[**in person-directed supports focusing on outcomes**]**, as required by DDA.

[(2) All DDA-licensed coordination of community services supervisors shall receive training in the following:

(a) Data collection, analysis, and reporting;

(b) Coaching, mentoring, and feedback skills; and

(c) Creative problem solving and conflict resolution.**]**

[(3)**]** *(2)* (text unchanged)

C. Coordination of community services staff shall:

(1) Receive required training as specified in COMAR 10.22*, unless otherwise directed by the DDA*, which shall be documented and made available upon request;

(2) (text unchanged)

(3) Demonstrate competency-based skills and working knowledge in the following areas:

(a)—(c) (text unchanged)

(d) Determining the most integrated setting appropriate to meet the **[**individual's**]** *participant's* needs;

(e)—(f) (text unchanged)

(g) Assisting **[**individuals**]** *participants* in gaining access to services and supports;

(h) Monitoring the provision of services to **[**individuals**]** *participants*;

(i) (text unchanged)

(j) Regulations governing services for **[**individuals**]** *participants* with developmental disabilities.

D. Coordination of Community Services Supervisor. The coordination of community services supervisor shall:

(1) (text unchanged)

(2) Demonstrate experience in one or more of the following:

(a) Coordinating services for **[**individuals**]** *participants* in Medicaid or waiver programs; or

(b) Coordinating services for **[**individuals**]** *participants* with intellectual or developmental disabilities;

(3)—(5) (text unchanged)

E. Coordinator of Community Services. The coordinator of community services shall:

(1) Except as stated in §F of this regulation, have **[**at a minimum, a bachelor's degree from an accredited education program in a human services field;**]***:*

(a) A bachelor's degree from an accredited education program in a human services field;

(b) An associate's degree with 2 years' experience in a human services field; or

(c) 7 years' experience in a human services field;

(2) Use all communication methodologies, strategies, devices, and techniques necessary, including sign language, assistive technology, or language interpreter services, to facilitate the involvement of the participant in the assessment, development, and monitoring of services and supports; **[**and**]**

(3) Ensure that each participant receives a person-centered plan that is designed to meet the individual's needs in the most cost-effective manner; and

[(3)**]** *(4)* (text unchanged)

F. (text unchanged)

G. An individual is ineligible for employment by a coordination of community services provider, agency, or entity in Maryland if the individual:

(1) Is simultaneously employed by any MDH-licensed *or MDH-certified* provider agency;

(2)—(7) (text unchanged)

.06 Covered Services.

A.—B. (text unchanged)

C. Comprehensive Assessment. Coordination of community services shall include a comprehensive assessment of the **[**individual's**]** *participant's* needs and supports to determine eligibility, in accordance with COMAR 10.22.12. The assessment shall be completed within 45 **[**business**]** days after referral by the DDA and include:

(1)—(2) (text unchanged)

(3) Unless otherwise authorized by the DDA, a face-to-face assessment of the participant, preferably at the participant's residence, to review:

(a)—(l) (text unchanged)

(m) The most integrated setting appropriate to meet the **[**individual's**]** *participant's* needs; and

(n) (text unchanged)

(4)—(5) (text unchanged)

D. **[**Individual**]** *Person-Centered* Plan.

(1) The coordinator of community services shall facilitate the **[**individual**]** *person-centered* plan that is designed to meet the **[**individual's**]** *participant's* needs, preferences, goals, and outcomes in the most integrated setting and in the most cost effective manner.

(2) The **[**individual**]** *person-centered* plan shall:

(a)—(h) (text unchanged)

(i) Be updated or revised:

(i) (text unchanged)

(ii) Within 365 days of the initial **[**individual**]** *person-centered* plan or annually.

(3) Specific requirements for the **[**individual**]** *person-centered* plan developed for participants receiving transition coordination services are that the **[**individual**]** *person-centered* plan shall:

(a)—(e) (text unchanged)

E. Referral and Related Activities.

(1) (text unchanged)

(2) Referral and related activities may include:

(a)—(d) (text unchanged)

(e) Providing education to **[**individuals**]** *participants* and their families concerning:

(i) The range of most integrated setting service and support options that may be appropriate to meet the **[**individual's**]** *participant's* needs and preferences;

(ii)—(iii) (text unchanged)

F. Monitoring and Follow-Up.

(1) The coordinator of community services shall provide monitoring and follow-up activities, which shall include:

(a) Assessment of:

(i) Services being rendered as specified in the **[**individual**]** *person-centered* plan;

(ii) The **[**individual's**]** *participant's* current circumstances;

(iii) (text unchanged)

(iv) The **[**individual's**]** *participant's* referral status; and

(v) The **[**individual's**]** *participant's* needs and supports to maintain eligibility for Medicaid, Medicaid waiver programs, DDA services, and any other relevant benefits or services;

(b)—(c) (text unchanged)

(d) Requests for service change and modifications of the **[**individual**]** *person-centered* plan as necessary to meet health and safety needs, preferences, and goals;

(e)—(h) (text unchanged)

(2) Frequency of Monitoring and Follow-up Contact.

(a) For **[**individuals**]** *participants* receiving waiting list coordination services, monitoring and follow-up contact activities shall meet the following requirements:

(i) For **[**individuals**]** *participants* who meet the criteria for the crisis resolution priority category as set forth in COMAR 10.22.12.07, minimum monthly face-to-face contacts shall be made for the first 90 days, after which face-to-face contacts will be made quarterly;

(ii) For **[**individuals**]** *participants* who meet the criteria for the crisis prevention priority category as set forth in COMAR 10.22.12.07, minimum quarterly face-to-face contacts shall be made; and

(iii) For **[**individuals**]** *participants* who meet the criteria for the current request priority category as set forth in COMAR 10.22.12.07, minimum annual face-to-face contacts shall be made.

(b) **[**Individuals**]** *Participants* on the DDA waiting list shall be monitored in accordance with §F(2)(a) of this regulation unless:

(i) The **[**individual's**]** *participant's* priority category changes; or

(ii) (text unchanged)

(c) For **[**individuals**]** *participants* receiving community coordination services, monitoring and follow-up activities shall be performed:

(i)—(iv) (text unchanged)

(d) For **[**individuals**]** *participants* receiving transition coordination services, monitoring and follow-up activities shall be performed face-to-face at least once a month for the first 90 calendar days, after which face-to-face contacts shall be made quarterly.

(3) (text unchanged)

.07 Limitations.

A. Restrictions may not be placed on a **[**qualified recipient's**]** *participant's* option to receive coordination of community services.

B. **[**DDA coordination**]** *Coordination* of community services *provided under this chapter* does not restrict or otherwise affect eligibility for Title XIX benefits or other available benefits or programs.

C. **[**DDA coordination**]** *Coordination* of community services may not be:

(1)—(4) (text unchanged)

D. (text unchanged)

E. A participant's coordination of community services provider may not also provide DDA-funded direct services, *including meaningful day, support, and residential services* for the participant.

F. (text unchanged)

G. An applicant is ineligible to be a provider if, within the preceding 10 years, the entity, its owner, or any member of its board of directors has had a provider license *or certification* revoked or suspended for more than 30 days, pursuant to Maryland or another state's regulations, or has been found by a court of law to have committed fraud, abuse, intentional or negligent tort, or a criminal act.

.08 Payment Procedures.

A. Request for Payment.

(1) Requests for payment for the services covered under this chapter shall be submitted by **[**an approved**]** *a* provider according to procedures set forth in COMAR 10.09.36.04.

(2) (text unchanged)

B. Payment Rates.

(1) The Department shall publish a fee schedule for services covered under this chapter, which shall be publicly available and updated at least annually or upon any changes made by the Department.

(2) The Department's rates set forth in its fee schedule will apply to services covered under this chapter that are provided under either the traditional services delivery model or the self-directed services delivery model.

(3) The Program's rates for covered services under this chapter shall increase on July 1 of each year, subject to the limitations of the State budget.

[(1)**]** *(4)*—**[**(2)**]** *(5)* (text unchanged)

[(3)**]** *(6)* For all other services *rendered to Maryland Medicaid participants residing in counties other than those listed in §B(7) of this regulation*, providers shall be reimbursed:

(a)—(g) (text unchanged)

(h) $19.26 per unit of service from July 1, 2018 through June 30, 2019; **[**and**]**

(i) $19.93 per unit of service **[**thereafter**]** *from July 1, 2019 through June 30, 2020;*

(j) $20.72 per unit of service from July 1, 2020 through December 31, 2020; and

(k) $21.55 per unit of service thereafter.

(7) Providers rendering services to Maryland Medicaid participants residing in Calvert, Charles, Frederick, Montgomery, and Prince George's counties shall be reimbursed:

(a) From October 1, 2020 through December 31, 2020, $21.82 per unit; and

(b) Effective January 1, 2021, $22.69 per unit.

C. Changes in Rates.

(1) (text unchanged)

(2) **[**The**]** *Unless otherwise authorized, the* rates may be changed on July 1 of each year beginning July 1, 2015, based on legislative action, and subject to limitations of the State budget.

[(3) The annual inflationary cost adjustment for providers may not exceed a maximum adjustment of 4 percent.**]**

D. Payment Limitations.

(1) Payment shall be made only to one **[**approved**]** provider for covered services rendered to a participant on a particular date of service.

(2)—(3) (text unchanged)

(4) Ongoing coordination of community services shall be billed on a **[**monthly basis**]** *scheduled determined by the Department*.

E. Units of Services and Limitations.

[(1) Provider will receive a pre-authorization of a specified number of units to be used for all of their clients.**]**

[(2)**]** *(1)*—**[**(3)**]** *(2)* (text unchanged)

[(4) Each fiscal year, DDA shall authorize a specific number of units of service of coordination of community services for each participant.**]**

[(5)**]** *(3)* Each fiscal year, the coordinator of community services shall complete the core services for each participant**[**, using the units of service authorized for that fiscal year**]**.

[(6) Additional units of service may not be authorized beyond those authorized for the fiscal year for any participant, except as specifically provided in §E(6) of this regulation.

(7) Authorization of Payment for Additional Units of Service.

(a) A request by a coordinator of community services for authorization of payment for units of service in addition to those authorized for a participant in a single fiscal year may not be granted except in extraordinary circumstances.

(b) In deciding a request for authorization of payment for additional units of service, DDA shall consider:

(i) The services provided to date using the annual units of service authorized;

(ii) The extent to which the core services have been completed for the fiscal year;

(iii) Whether and, if so, the extent to which, the annual units of service were used to provide services other than core services;

(iv) The extent to which services were provided in an inefficient manner;

(v) Any unusual or unforeseeable needs of the participant that created a need for more than the allotted units of service; and

(vi) Any unusual or unforeseeable circumstances of the participant that caused the delivery of coordination of community services to be more difficult and time-consuming than was anticipated when the annual units of service were allotted.

(c) Requests for authorization of payment for additional units of service for a participant in a single fiscal year shall be accompanied by documentation demonstrating:

(i) All coordination of community services provided to date;

(ii) Any physical, emotional, or mental conditions of the participant that created extraordinary challenges to the provision of coordination of community services within the units of service authorized for the fiscal year; and

(iii) Any unusual or unforeseeable circumstances that required the expenditure of more time to provide the core services than was anticipated when the annual units of service were allotted.

(d) A request for authorization of payment for additional units of service for a participant in a single fiscal year may not be granted in order to provide services other than core services.

(e) A request for authorization of payment for additional units of service for a participant in a single fiscal year may not be considered unless all required data regarding the participant and the coordination of community services provided has been entered or uploaded into the DDA-designated data system.

(f) An authorization of payment for additional units of services shall specify the number of units of service authorized.**]**

DENNIS R. SCHRADER
Secretary of Health