

INTERNAL REGULATIONS REPORT: November 7, 2023

COMAR	TITLE	PURPOSE	SUBMITTED TO AELR	DATE OF 1ST PRINT IN MD REG.	COMMENT PERIOD END DATE	DATE OF FINAL PRINT IN MD REG.	DATE APPROVED (10 DAYS AFTER FINAL)
10.09.02	Physicians' Services	The purpose of this action is to: 1. Update the Maryland Medical Assistance Program Professional Service Provider Manual and Fee Schedule incorporated by reference; and 2. Remove the language limiting coverage of vaccines required solely for travel outside the continental United States.	10/23/23				
10.09.39	Doula Services	The purpose of the proposed action is to expand the list of Medicaid-approved doula certification organizations, in accordance with stakeholder feedback and a departmental review. Additionally, the proposed action adds a reference to the Professional Services Provider Manual and Fee Schedule which contains reimbursement rates for doula services covered under this regulation.	10/23/23				
10.09.36	General Medical Assistance Provider Participation Criteria (EVV)	To eliminate a restrictive requirement that prohibits Medicare eligible or enrolled individuals from participating in the Maryland Medicaid Family Planning Program, in order to align with less restrictive federal law	9/8/23	9/8/23	10/9/23		
10.09.41	Employed Individuals with Disabilities	The purpose of this proposal is to expand the eligible population for the Employed Individuals with Disabilities (EID) Program by establishing less restrictive financial eligibility requirements and setting new premium levels for higher-income recipients.	7/5/23	8/11/23	9/11/23		
10.09.62	Separate Children's Health Insurance Program (CHIP) and CHIP Health Services Initiative Eligibility	New chapter to effectuate changes by HB1080. Additional edits to 10.67.01 and 10.67.02.	6/2/23	8/11/23	9/11/23	11/3/23	11/13/23
10.09.63	Community Violence	The purpose of the proposed action is to provide community violence prevention services and establish requirements for prevention professionals to become trained and certified. This proposed action will be effective July 1, 2023, in accordance with Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Services (Chapter 505 of the 2022 Acts).	5/25/23	6/30/23	7/31/23	11/3/23	11/13/23

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10.67.08	MCO: Non-Capitated Covered Services	The purpose of the proposed action is to update the list of behavioral health diagnosis codes to reflect the addition of new International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes. The proposed action also updates the current revenue codes included in the behavioral health carve out and corrects COMAR references.	5/30/23	7/14/23	8/14/23		
10.09.28	Applied Behavior Analysis Services	The purpose of the proposed action is to effectuate a 7.25 percent rate increase for ABA services effective July 1, 2022, in accordance with the FY2023 State budget (SB290) and the Governor's supplemental budget. Additionally, the proposed action updates definitions, provider qualifications, and covered services to reflect the Department's decision to allow behavior technicians (BTs) to provide ABA services to eligible participants.	5/26/23	6/30/23	7/31/23		
10.09.69	Maryland Medicaid Managed Care Program: Rare and Expensive Case Management (REM)	The purpose of the proposed action is to update the REM Diagnosis Table in 10.09.69.17 based on the new ICD-10-CM codes released by CMS. Additionally, the proposed action also reflects a 4 percent rate increase for REM services as a result of the Governor's Budget Bill for FY2023. The proposed action also clarifies the criteria for disenrollment from the REM program, including disenrollment effective dates.	7/5/23	8/11/23	9/11/23		
10.09.06	Adult Residential Substance Use Disorder Services	The purpose of the proposed action is to update the listed provider reimbursement rate to the 7.25 percent increased rate, effective for Fiscal Year 2023, pursuant to Senate Bill 290 Fiscal Year 2023 Budget (2022) and the Governor's supplemental budget. This proposal also establishes service provisions and limitations related to telehealth in accordance with The Preserve Telehealth Access Act of 2021. Finally, to align with updates in the approved 1115 HealthChoice Waiver renewal, this proposal removes the coverage limitation for services that exceed two 30-day spans of care within a 12-month period.	12/13/22	6/2/23	7/3/23	10/6/23	10/16/23
10.09.89	1915(i)	The purpose of the proposed action is to update the listed provider reimbursement rate to the 7.25 percent increased rate, effective for Fiscal Year 2023, pursuant to Senate Bill 290 Fiscal Year 2023 Budget (2022) and the Governor's supplemental budget. This action also consolidates the new and existing reimbursement rates under Regulation .14 Payment Procedures.	12/13/22	3/24/23	4/24/23	11/3/23	11/13/23

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10.09.08	Freestanding Clinics	In accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021, 2021, Ch. 71, and House Bill 937, Abortion Care Access Act of 2022, 2022, Ch. 58, the purpose of the proposed action is to specify services appropriately rendered via telehealth by freestanding clinics including indirect face-to-face services and allow certain additional qualified providers to provide abortion care services. This proposal also clarifies and updates language throughout the chapter to align regulations with current practice and terminology.	5/12/23	6/30/23	7/31/23	10/6/23	10/16/23
10.09.33	Health Homes	The purpose of this action is to codify the increase in provider rate by 7.25% for Fiscal Year 2023. This action also updates COMAR references and adds clarifying language regarding the enrollment process.	12/13/23	3/24/23	4/24/23	11/3/23	11/13/23
10.09.12	Disposable Medical Supplies and Durable Medical Equipment	The purpose of the proposed action is to update the Disposable Medical Supplies and Durable Medical Equipment (DMS/DME) payment procedures to reflect that the Department reimburses for Medicare-covered equipment and supplies at 85 percent of the Medicare rates established on January 1 of each year, in accordance with the approved budget for Fiscal Year 2023. In addition, the proposed action clarifies the methodology as to how the Department reimburses for Medicare-covered items.	12/13/22	3/24/23	4/24/23	10/6/23	10/16/23
10.09.54	Home and Community Based Options Waiver (HCBOW)	The purpose of this action is to clarify coverage for services provided via telehealth to Medicaid participants by Home and Community-Based Options Waiver (HCBOW) providers, in accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021. Additionally, the proposed action adds the HCBOW services fee schedule to the payment procedures regulation.	12/13/22	2/10/23	3/13/23		
10.09.30	Statewide Evaluation and Planning Services (STEPS)	In accordance with Senate Bill 3, Preserve Telehealth Access Act of 2021, 2021, Ch. 71, the purpose of the proposed action is to specify services appropriately rendered via telehealth by providers of comprehensive evaluations under this chapter. The Department is also aligning this chapter of regulations with current practice associated with comprehensive evaluations performed by the Local Health Departments (LHD), or other contracted entity, to determine eligibility for services, inform individuals of available services, or as required for Geriatric Evaluation Services (GES) or Preadmission Screening and Resident Review (PASRR).	6/8/23	7/28/23	8/28/23		

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10.09.56	Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder	The purpose of this action is to incorporate the Autism Waiver services fee schedule into regulations, including increased reimbursement rates for services covered under this chapter, pursuant to Ch. 484 (Senate Bill 290), Acts of 2022 - Fiscal Year 2023 Budget Bill and the Governor's Supplemental Budget.	12/13/22	2/24/23	3/27/23		
10.09.04	Home Health	The proposed changes align regulations with current policy and practice related to services appropriately rendered via telehealth by home health providers. Additionally, this action codifies reimbursement procedures, including a 4 percent increase pursuant to FY 2023 budget. Finally, it codifies federally-required electronic visit verification procedures that will be applicable to home health providers beginning January 1, 2023.	12/13/23	4/7/23	5/8/23		
10.09.07	Medical Day Care Services	The purpose of this action is to effectuate Fiscal Year 2023 rate increases for services covered under this chapter.	1/24/23	4/7/23	5/8/23	10/6/23	10/16/23
10.09.40, 10.09.52, & 10.09.76	Early Intervention Services Case Management, Service Coordination for Children with Disabilities, & SBHC	Combined education proposal: 10.09.40 – updates terminology to reflect current practices; 10.09.52 – clarifies distinctions between service coordination for Autism Waiver and IEP/IFSP participants; 10.09.76 -- Align regulations with the provisions of Senate Bill 830, Secretary of Health – School Based Health Centers – Guidelines and Administration of Grants, 2021, Ch. 606 & Senate Bill 3, Preserve Telehealth Access Act of 2021.	11/10/22	1/13/23	2/13/23	11/3/23	11/13/23
10.09.24	Medical Assistance Eligibility	The purpose of this proposal is to update the FFCC definition in accordance with the SUPPORT for Patients and Communities Act of 2018.	8/11/23	9/8/23	10/9/23		