



STATE OF MARYLAND

DHMH

PT 10-07

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Healthy Start Program Transmittal No. 6

September 8, 2006

TO: Local Health Departments

FROM: Diane Herr, Director
HealthChoice and Acute Care
Office of Health Services

NOTE: Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal

RE: Proposed Amendments to Healthy Start Program

WRITTEN COMMENTS TO:

Michelle Phinney
201 W. Preston St., Rm. 512
Baltimore, MD 21201
Fax (410) 767-6483 or call
(410) 767-6499 or
1-877-4MD-DHMH extension 6483

PROGRAM CONTACT:

Nadine Smith, Deputy Director
HealthChoice and Acute Care
Administration
(410) 767-5204 or call
1-877-4MD-DHMH extension 5204

COMMENT PERIOD EXPIRES: October 2, 2006

The Maryland Medical Assistance Program is proposing amendments to Regulations .01 — .06 under COMAR 10.09.38 Healthy Start Program.

The proposed amendments will remove all references to the Enriched Home-Visiting Services, and Healthy Start Assessment and Case Management Services.

A copy of the proposed amendments, as published in the September 1, 2006 issue of the Maryland Register, is attached.

Attachment

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us



	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	NONE	
E. On other industries or trade groups:		
Pharmacies	(-)	Undeterminable
F. Direct and indirect effects on public:		
Medicaid recipients	(+)	Undeterminable

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

A. The addition of categories to the list of maintenance medication where a 100-day supply can be dispensed will save on the amount spent on dispensing fees but may result in some wastage of medication. This waste will be minimal because prescriptions for maintenance drugs are initially restricted to a 34-day trial supply. The amount of savings is undeterminable.

E. Pharmacies will receive fewer dispensing fees but the amount is not significant and is undeterminable.

F. Expanding the list of maintenance medications will reduce by an undeterminable amount the number of co-payments Medicaid recipients will pay for a 100-day supply of certain medications.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

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

Individuals with disabilities, especially those with transportation problems, will be able to reduce the visits to their pharmacy, since a larger supply of medication will be provided to them with each prescription.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulations and Policy Coordination, DHMH, 201 W. Preston St., Room 517, Baltimore, MD 21201, or call (410) 767-5623, or email to regs@dhhm.state.md.us, or fax to (410) 333-7687. Comments will be accepted through October 2, 2006. A public hearing has not been scheduled.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) — (19) (text unchanged)

(19-1) "Maintenance medication" means medication in chronic therapeutic categories corresponding to the following American Hospital Formulary Service (AHFS) classification numbers:

(a) (text unchanged)

(b) *Antilipemic agents* (24:06);

[(b)] (c) — [(c)] (d) (text unchanged)

(e) *Sclerosing agents* (24:16);

[(f) *Insulins* (68:20.08);

(g) *Sulfonylureas* (68:20.20);

(h) *Thyroid agents* (68:36.04);]

(f) *Alpha-adrenergic blocking agents* (24:20);

(g) *Beta-adrenergic blocking agents* (24:24);

(h) *Calcium-channel blocking agents* (24:28);

(i) *Renin-angiotensin-aldosterone system inhibitors* (24:32);

(j) *Hydantoin* (28:12:12);

(k) *Oxazolidinones* (28:12:16);

(l) *Succinimides* (28:12:20);

(m) *Anticonvulsants, miscellaneous* (28:12:92);

- [(d)] (n) — [(e)] (o) (text unchanged)
- (p) *Lipotropic agents* (56:24);
- (q) *Contraceptives* (68:12);
- (r) *Estrogens and antiestrogens* (68:16);
- (s) *Antidiabetic agents* (68:20);
- (t) *Antihypoglycemic agents* (68:22);
- (u) *Parathyroid* (68:24);
- (v) *Progestins* (68:32);
- (w) *Thyroid and antithyroid agents* (68:36);
- [(i)] (x) (text unchanged)
- [(j)] *Hydantoin* (28:12:12) (phenytoin and phenytoin sodium only);
- [(k)] (y) — [(l)] (z) (text unchanged)
- (20) — (25) (text unchanged)
- (26) "Prescription" means an [original written] order [signed by the prescriber or a facsimile of it sent directly from the prescriber to the pharmacy provider] for covered pharmacy services in accordance with applicable federal and State laws[,] conveyed in one of the following forms:
 - (a) An original written order signed by the prescriber;
 - (b) A fax of an original order signed by the prescriber sent directly from the prescriber to the pharmacy provider;
 - (c) An electronic order;
 - (d) An oral order from the prescriber to the pharmacist if the:
 - (i) Pharmacist promptly writes out and files the prescription;
 - (ii) Prescription is not for a Schedule II controlled dangerous substance; and
 - (iii) Prescription is not for certain drugs that have been determined by the Secretary to present an emerging threat in the State because of increasing abuse and diversion and are posted on the Department's Maryland Pharmacy Program website (www.dhnh.state.md.us/mma/mpap).
- (27) — (33) (text unchanged)

.12 Preferred Drug Program.

A. — D. (text unchanged)

E. The Committee shall:

(1) Meet at least [quarterly] twice a year;

(2) — (5) (text unchanged)

F. — H. (text unchanged)

S. ANTHONY McCANN
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.38 Healthy Start Program

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

Notice of Proposed Action

[06-256-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01 — .06 under COMAR 10.09.38 **Healthy Start Program.**

Statement of Purpose

The purpose of this action is to remove all references to the targeted case management program, Healthy Start Home Visiting and Case Management Services, due to converting current fee-for-service program to an administrative grant.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulations and Policy Coordination, DHMH, 201 W. Preston St., Room 512, Baltimore, MD 21201, or call (410) 767-5623, or email to regs@dhmh.state.md.us, or fax to (410) 333-7687. Comments will be accepted through October 2, 2006. A public hearing has not been scheduled.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

[(2)] (2) "Care coordination plan" means a written plan developed and subsequently revised by the case management services coordinator, which describes the Healthy Start case management service and other public health services the participant is expected to receive.]

[(3)] (2) — [(4)] (3) (text unchanged)

[(5)] (5) "Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)" means the provision of preventive health care under 42 CFR §441.50 et seq. (1981), including medical and dental services, in order to assess growth and development and to detect and treat health problems in Medical Assistance recipients under 21 years old, and administered in Maryland under the name Maryland Healthy Kids Program.

(6) "Enriched home-visiting services" means home-based nursing assessment, planning, implementation, and evaluation of family-focused, comprehensive services as they relate to a pregnant or postpartum participant's perinatal health and family planning needs, delivered by registered nurses.]

[(7)] (4) — [(8)] (5) (text unchanged)

[(9)] (9) "Healthy Start assessment and case management" means face-to-face assessment of a participant, in a location other than the participant's home, and ongoing case management contacts in the same calendar month as the assessment.

(10) "Healthy Start case management associate" means an individual employed by the Healthy Start case management services provider who:

(a) Is a licensed practical nurse or has a high school diploma or GED and 1 year of experience working with pregnant women or children who have health or social problems;

(b) Has completed a local health department training program which has been approved by the Department;

(c) Works under the supervision of the Healthy Start case management services coordinator; and

(d) Completes specific tasks as delegated by the Healthy Start case management services coordinator.

(11) "Healthy Start case management services coordinator" means an individual employed by the Healthy Start case management services provider who:

(a) Is a registered nurse or licensed social worker;

(b) Conducts the Healthy Start case management assessment and Healthy Start home-based assessment; and

(c) Coordinates and supervises Healthy Start ongoing case management services delivered by Healthy Start case management associates.

(12) "Healthy Start case management services provider" means a local health department which meets the conditions for participation in Regulation .03A and E of this chapter and has a provider agreement with the Department for provision of Healthy Start home visiting and case management services.]

[(13)] (6) (text unchanged)

[(14)] (14) "Healthy Start home-based assessment and case management" means face-to-face assessment of a participant, in the participant's home, and ongoing case management contacts in the same calendar month as the assessment.

(15) "Healthy Start home visiting and case management services" means case management assessment, home-based case management, ongoing case management, and enriched home visiting services provided by local health departments.

(16) "Healthy Start ongoing case management" means contacts in person or by phone with a participant, which will assist the participant in accessing needed financial, medical, social, housing, educational, mental health, counseling, and other support services and which will promote the appropriate utilization of health care resources.]

[(17)] (7) (text unchanged)

[(18)] (8) "Healthy Start Program" means a program designed to identify and address medical, nutritional, and psychosocial predictors of poor birth outcomes and poor child health by providing enhanced prenatal and postpartum services to pregnant and postpartum recipients [and home visiting and case management services to pregnant, postpartum, and child recipients].

[(19)] (19) "Healthy Start Risk Assessment Instrument" means the form furnished by the Department to the provider for the purpose of identifying infants and children who have, or are at risk for developing, a disabling condition or chronic illness.]

[(20)] (9) — [(25)] (14) (text unchanged)

[(26)] (15) "Participant" means [:

(a) A pregnant or postpartum recipient who:

[(i)] (a) — [(ii)] (b) (text unchanged)

[(iii)] (c) Elects to receive the services available under these regulations[.];

[(b) A child recipient under 2 years old, who is determined to be at risk for poor health outcomes as specified by the Healthy Start Risk Assessment Instrument for Infants and Children; or

(c) A pregnant, postpartum, or child recipient who is referred for home visiting and case management services as the result of missed appointments for medical care, according to procedures developed by the Department.]

[(27)] (16) — [(35)] (24) (text unchanged)

.02 Licensing Requirements.

A. — B. (text unchanged)

[C. Registered nurses providing Healthy Start Program services shall be licensed in the state in which services are provided.]

[D.] C. (text unchanged)

[E. Social workers providing Healthy Start Program services shall be licensed in the state in which services are provided.]

F. Licensed practical nurses providing Healthy Start Program services shall be licensed in the state in which services are provided.]

[G.] D. (text unchanged)

.03 Conditions for Participation.

A. — C. (text unchanged)

D. Specific requirements for participation in the provision of high-risk nutrition counseling services are that providers shall:

(1) — (2) (text unchanged)

(3) Agree to on-site visits by Department staff to monitor adherence to Regulation .04C and D of this chapter.

[E. Specific requirements for participation as a provider of Healthy Start home visiting and case management services are that providers shall:

(1) Be a Healthy Start home visiting and case management services provider employing appropriately qualified registered nurses and licensed social workers who have demonstrable experience in serving high-risk and low-income maternal, infant, and child populations;

(2) Be a local health department;

(3) Receive funding through the Maternal and Child Health Services Block Grant;

(4) Demonstrate expertise in serving high-risk and low-income maternal, infant, and child populations, including pregnant adolescents;

(5) Contact the participant within 10 working days of the receipt of the referral, unless client-related extenuating circumstances are documented;

(6) Have formal policies and procedures which specifically address the provision of Healthy Start home visiting and case management services;

(7) Assure that a monthly summary of Healthy Start home visiting and case management services is made available to the referring provider;

(8) Be knowledgeable of the eligibility requirements and application procedures of the applicable federal, State, and local government assistance programs;

(9) Maintain a current listing of medical, social, housing assistance, mental health, financial assistance, education and training, counseling, and other support services available to low income pregnant women and children;

(10) Strictly safeguard the confidentiality of the participant's records so as not to endanger the participant's employment, family relationships, and status in the community; and

(11) Agree to on-site visits by Department staff to monitor adherence to Regulation .04D, E, G, and H of this chapter.]

[F.] E. Specific requirements for providers of alcohol and drug abuse treatment services under this chapter are that providers shall:

(1) — (3) (text unchanged)

(4) Agree to on-site visits by Department staff to monitor adherence to Regulation [.04F] .04E of this chapter.

.04 Covered Services.

[The] Effective July 1, 2006, the Program shall reimburse for the following services:

A. (text unchanged)

B. Enriched Maternity Service. A maximum of one unit of service is to be reimbursed in conjunction with each prena-

tal and postpartum clinical visit of the participant. The following components comprise enriched maternity service:

(1) — (2) (text unchanged)

(3) Case coordination and referral for pregnant participants. This component shall include, but not be limited to, the following activities:

(a) — (d) (text unchanged)

[(e) Referral of the participant to local health department Healthy Start home visiting and case management services;]

[(f)] (e) — [(i)] (h) (text unchanged)

C. (text unchanged)

[D. Enriched Home-Visiting Services. This service is a family focused home-based perinatal nursing assessment of a postpartum participant by a registered nurse. The unit of service is one home-based nursing assessment conducted within 60 days after delivery. The Healthy Start home visiting and case management services provider shall:

(1) Assess the postpartum participant and infant to determine health-related biological, behavioral, psychosocial, or environmental problems;

(2) Counsel the participant regarding contraception options and assist the participant in accessing family planning services;

(3) Educate the participant regarding:

(a) Infant care,

(b) The availability of family support centers,

(c) WIC and nutrition, including breastfeeding,

(d) Preventive health care services, including EPSDT services, and immunizations, and

(e) Lead poisoning prevention and injury prevention measures; and

(4) Maintain accurate and complete records of the enriched home visiting services provided.

E. Healthy Start Home-Based Assessment and Case Management Services. These services are available to pregnant participants at risk of poor birth outcomes related to psychosocial and behavioral risk factors, and children younger than 2 years old at risk of chronic or disabling conditions. The unit of service is at least one face-to-face assessment in the participant's home conducted by a Healthy Start case management services coordinator and ongoing case management contacts in 1 calendar month. The service shall include but is not limited to the following:

(1) A face-to-face encounter with the participant in the participant's home to collect data related to the participant's health and psychosocial needs through direct observation and to identify problems that may be addressed through Healthy Start home visiting and case management services;

(2) Development or revision of a care coordination plan, in collaboration with the participant and other health professionals as appropriate, which acknowledges the participant's interests, priorities, and rights, and includes:

(a) Strategies to address identified problems, especially those hindering appropriate use of Medicaid and other publicly funded health services;

(b) Communication with the medical provider within 10 days of the initial home assessment and within 10 days of a request for follow-up services;

(3) Implementation of the plan of care through direct contact, follow-up phone calls, and written methods to:

(a) Teach the participant or child participant's family preventive health and self-care measures as appropriate;

(b) Counsel the participant or child participant's legal guardian about health behaviors and their effects on

health status and the appropriate use of health care resources, including EPSDT services;

(c) Assist the participant or child participant's legal guardian in accessing:

- (i) WIC,
- (ii) Smoking cessation programs,
- (iii) Childbirth education classes,
- (iv) Parenting classes,
- (v) Family support centers, and
- (vi) Other community programs; and

(d) Maintain accurate and complete records of the case management services provided; and

(4) Evaluate the participant's response to the case management services.]

[F.] D. (text unchanged)

[G. Healthy Start Assessment and Case Management Services. These services are available to pregnant participants at risk of poor birth outcomes related to psychosocial and behavioral risk factors and children younger than 2 years old at risk of chronic or disabling conditions. The unit of service is at least one face-to-face assessment conducted by a Healthy Start case management services coordinator and ongoing case management contacts in 1 calendar month. The service shall include but is not limited to the following:

(1) A face-to-face encounter with the participant to collect data related to the participant's health and psychosocial needs through direct observation and to identify problems that may be addressed through Healthy Start home visiting and case management services;

(2) Development or revision of a care coordination plan, in collaboration with the participant and other health professionals as appropriate, which acknowledges the participant's interests, priorities, and rights, and includes:

(a) Strategies to address identified problems, especially those hindering appropriate use of Medicaid and other publicly funded health services;

(b) Communication with the medical provider within 10 days of the initial assessment and within 10 days of a request for follow-up services;

(3) Implementation of the plan of care through direct contact, follow-up phone calls, and written methods to:

(a) Teach the participant or child participant's family preventive health and self-care measures as appropriate;

(b) Counsel the participant about health behaviors and their effects on health status and the appropriate use of health care resources, including EPSDT services;

(c) Assist the participant in accessing:

- (i) WIC,
- (ii) Smoking cessation programs,
- (iii) Childbirth education classes,
- (iv) Parenting classes,
- (v) Family support centers, and
- (vi) Other community programs; and

(d) Maintain accurate and complete records of the case management services provided; and

(4) Evaluate the participant's response to the case management services provided.

H. Healthy Start ongoing case management services are available to pregnant and child participants who have received at least one Healthy Start case management assessment or home-based assessment within the previous 6 months. The unit of service is at least one contact by the Healthy Start case management coordinator or case management associate in person or by phone with the partici-

pant or the child participant's legal guardian in 1 calendar month. Ongoing case management shall include:

(1) Providing information regarding how to access WIC, smoking cessation programs, childbirth education classes, parenting classes, family support centers, and other support services the participant may need including financial, medical, social, housing, educational, mental health, and counseling services;

(2) Reinforcement of health teaching and strategies to improve health outcomes as documented in the care coordination plan;

(3) Communication with the medical provider within 10 days of a request for service; and

(4) Documentation of all ongoing case management contacts provided and of case management associate supervision.]

.05 Limitations.

[A.] The Healthy Start Program may not restrict or otherwise affect:

[(1)] A. Eligibility for benefits under Title XIX of the Social Security Act or other available benefits or programs; and

[(2)] B. The provider's right to bill the Program for other covered program services.

[B. Healthy Start home visiting and case management services may not be:

(1) Provided as an integral and inseparable part of another covered Program service;

(2) Provided as an administrative function necessary for the proper and efficient operation of the State's Medical Assistance plan;

(3) Rendered in connection with the implementation of services under §1915(b), (c), or (g) of the Social Security Act;

(4) Part of institutional discharge planning; or

(5) Provided when skilled nursing services, as covered in COMAR 10.09.04 or 10.09.53, are indicated.

C. Participants who are receiving other similar case management services under the Social Security Act, Title XIX, §1915(c) or (g), are not eligible for Healthy Start home visiting and case management services.]

.06 Payment Procedures.

A. — B. (text unchanged)

C. Payments shall be made:

(1) — (3) (text unchanged)

(4) According to COMAR 10.09.08.05 and to methodology described in the memorandum of understanding between the Program and each local health department for the following services:

(a) High-risk nutrition counseling[.]; and

(b) (text unchanged)

(5) According to COMAR 10.09.08.06 for the following services:

(a) High-risk nutrition counseling[.]; or

(b) Alcohol and drug abuse treatment — individual counseling; and

(6) According to the following fee-for-service schedule:

Description	Fee Per Unit of Service
(a) (text unchanged)	
(b) Alcohol and drug abuse treatment services:	
(i) Individual counseling — per visit	\$40[.];
(ii) Group counseling — per hour session	\$13[.];

(a) (text unchanged)

(b) Alcohol and drug abuse treatment services:

(i) Individual counseling — per visit \$40[.];

(ii) Group counseling — per hour session . . . \$13[.];

[(7) According to the following fee-for-service schedule for Healthy Start home visiting and case management services:

- (a) Healthy Start home-based assessment and case management — per month..... \$150,
- (b) Healthy Start assessment and case management — per month..... \$100, or
- (c) Healthy Start ongoing case management — per month..... \$50; and
- (8) For one enriched home visit — per pregnancy at a fee of..... \$150.]

S. ANTHONY McCANN
Secretary of Health and Mental Hygiene

Subtitle 10 LABORATORIES

10.10.09 Law Enforcement Laboratories — Personnel Certification and Approval of Laboratory Procedures

Authority: Health-General Article, §17-202; Courts and Judicial Proceedings Article, §10-1001; Annotated Code of Maryland

Notice of Proposed Action
[06-247-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01 and .03 under COMAR 10.10.09 Law Enforcement Laboratories — Personnel Certification and Approval of Laboratory Procedures.

Statement of Purpose

The purpose of this action is to add a requirement for employment certification and to amend the requirements for automatic decertification and recertification.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, or call (410) 767-6499, or email to regs@dhhm.state.md.us, or fax to (410) 333-7687. Comments will be accepted through October 2, 2006. A public hearing has not been scheduled.

.01 Qualifications.

A. Certified Chemist and Certified Chemical Analyst. An applicant for certified chemist or certified chemical analyst shall:

- (1) (text unchanged)
- (2) Have completed courses in analytical and organic chemistry; and

[(3) Be currently employed by the Department, Maryland State Police, Baltimore City Police Department, or the police department of a municipality or county in this State;]

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

B. Certified Analyst. An applicant for certified analyst shall:

- (1) (text unchanged)
- (2) Have completed a basic training program for certified analyst as set forth in Regulation .02 of this chapter[.]; and

[(3) Be currently employed by the Department, Maryland State Police, Baltimore City Police Department, or the police department of a municipality or county in this State; and]

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

.03 Employment, Employment Certification, and Automatic Decertification.

A. [Failure on the part of a chemist, chemical analyst, or analyst, certified under this chapter, to maintain employment by the Department, Maryland State Police, Baltimore City Police Department, or the police department of a municipality or county in this State, shall result in automatic decertification.] *Employment.* An individual applying for certification under this chapter shall be currently employed by the:

- (1) Department;
- (2) Maryland State Police;
- (3) Baltimore City Police Department; or
- (4) Police department of a municipality or county in this State.

B. [If the chemist, chemical analyst, or analyst is required, the chemist, chemical analyst, or analyst shall reapply for certification.] *Employment Certification.* An applicant's supervisor shall certify that the applicant is currently employed by an agency listed in §A of this regulation by signing the employment certification section of the application.

C. Certification and Automatic Decertification.

(1) Certification under this chapter is only valid when the individual is employed by an agency listed in §A of this regulation.

(2) An individual certified under this chapter is automatically decertified when the individual:

- (a) Is no longer employed by the agency that certified employment;
 - (b) Retires from the agency that certified employment;
- or
- (c) Changes employment from one agency listed in §A of this regulation to another agency listed in §A of this regulation.

(3) An individual shall reapply for certification under this chapter if the individual is:

- (a) Rehired by the same agency that previously certified employment; or
- (b) Hired by a different agency listed in §A of this regulation.

S. ANTHONY McCANN
Secretary of Health and Mental Hygiene