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§16–201.2. IN EFFECT

(a) (1) In this section the following words have the meanings indicated.

(2) “Community developmental disabilities services provider” means a community–based developmental disabilities program licensed by the Department.

(3) “Community mental health services provider” means a community–based mental health program approved by the Department or an individual practitioner who contracts with the Department or the appropriate core service agency.

(4) “Core service agency” has the meaning stated in § 10–1201 of this article.

(5) “Eligible individual” means a Medicaid recipient or an individual who receives developmental disabilities services or mental health services subsidized in whole or in part by the State.

(b) Notwithstanding the provisions of this subtitle, the Department shall reimburse a community developmental disabilities services provider or a community mental health services provider for approved services rendered to an eligible individual as provided in this section.

(c) (1) Beginning in fiscal year 2012 and in each fiscal year thereafter, the Department shall adjust for inflation the fees paid to a community developmental disabilities services provider and a community mental health services provider for approved services rendered to an eligible individual.

(2) The Department shall establish an annual inflationary cost adjustment for providers that shall be aligned with the annual cost adjustments for units of State government in the Governor’s proposed budget.

(3) Subject to paragraphs (4) and (5) of this subsection, the Department shall ensure that the annual inflationary cost adjustment for providers is equivalent to the annual inflationary cost adjustments for categories of costs for units of State government in the Governor’s proposed budget by using the weighted average cost structure set forth in § 13–806(b)(1) of this article.

(4) The annual inflationary cost adjustments for categories of costs for units of State government used to establish the annual inflationary cost adjustment for providers may not be less than 0%.

(5) The annual inflationary cost adjustment for providers may not exceed a maximum adjustment of 4%.

(6) Annual adjustments shall be funded with due regard to the expenditures necessary to meet the needs of individuals receiving services.

16–201.2. // EFFECTIVE JUNE 30, 2016 PER CHAPTERS 497 AND 498 OF 2010 //

(a) (1) In this section the following words have the meanings indicated.

(2) “Community developmental disabilities services provider” means a community–based developmental disabilities program licensed by the Department.

(3) “Community mental health services provider” means a community–based mental health program approved by the Department or an individual practitioner who contracts with the Department or the appropriate core service agency.

(4) “Core service agency” has the meaning stated in § 10–1201 of this article.

(5) “Eligible individual” means a Medicaid recipient or an individual who receives developmental disabilities services or mental health services subsidized in whole or in part by the State.

(b) Notwithstanding the provisions of this subtitle, the Department shall reimburse a community developmental disabilities services provider or a community mental health services provider for approved services rendered to an eligible individual as provided in this section.

(c) (1) Subject to the limitations of the State budget, beginning in fiscal year 2008 and in each fiscal year thereafter, the Department shall adjust for inflation the fees paid to a community developmental disabilities services provider and a community mental health services provider for approved services rendered to an eligible individual using the update factor recommended by the Community Services Reimbursement Rate Commission.

(2) Annual adjustments shall be funded with due regard to the expenditures necessary to meet the needs of individuals receiving services.

(3) The annual rate of change for the fees may not exceed a maximum rate of 5%.

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