

MARYLAND REGISTER

## Proposed Action on Regulations

<b>Transmittal Sheet</b>  <b>PROPOSED OR REPROPOSED</b>  <b>Actions on Regulations</b>	<b>Date Filed with AELR Committee</b>	<b>TO BE COMPLETED BY DSD</b>
	05/30/2014	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 7/11/2014

2. COMAR Codification

**Title Subtitle Chapter Regulation**

10 21 25 09

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

**4. Name of Regulations Coordinator Telephone Number**  
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**6. Check applicable items:**  
 New Regulations



# **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

## **Subtitle 21 MENTAL HYGIENE REGULATIONS**

### **10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs**

Authority: Health-General Article, §§10-901, 15-103, and 15-105; Title 16, Subtitles 1 and 2; Annotated Code of Maryland

#### **Notice of Proposed Action**

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The Secretary of Health and Mental Hygiene proposes to amend Regulation .09 under COMAR 10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners

#### **Statement of Purpose**

The purpose of this action is to amend regulations to change the unit of service for targeted case management services for children and youth.

#### **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 A. Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499; TTY:800-735-2258, or email to [dhmh.regs@maryland.gov](mailto:dhmh.regs@maryland.gov), or fax to 410-767-6483. Comments will be accepted through August 11, 2014. A public hearing has not been scheduled.

#### **Economic Impact Statement Part C**

A. Fiscal Year in which regulations will become effective: FY 2014

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

This action is to amend regulations to change the unit of service for targeted case management services for children and youth.

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

Businesses affected by these changes typically have more than 50 employees. Therefore, they are not considered “small businesses”.

G. Small Business Worksheet:

Attached Document:

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## Title 10

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### Subtitle 21 MENTAL HYGIENE REGULATIONS

#### **10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners**

Authority: Health-General Article, §§10-901, 15-103, and 15-105; Title 16, Subtitles 1 and 2;

Annotated Code of Maryland

##### **.09 Fee Schedule — Support Services**

A.—H. (text unchanged)

I. *Adult Mental Health Case Management.* The Department shall reimburse a designated program that is approved by the Core Service Agency for mental health case management according to COMAR 10.09.45 for providing case management services to [a child or adolescent with a serious emotional disorder or] an adult with a serious and persistent mental health disorder as follows:

(1)—(3) (text unchanged)

J. *Mental Health Case Management: Care Coordination for Children and Youth.* The Department shall reimburse a designated program that is approved by the Core Service Agency to provide mental health case management services to a child or adolescent with a serious emotional disorder, according to COMAR 10.09.90, as follows:

(1) *Case Management Service units, for a minimum of 15 minutes of face-to-face and non-face-to-face case management service at a rate of \$20.19 per 15 minutes for:*

*(a) Level I -- General Coordination up to 12 units of service per month, with a minimum of two units of face-to-face contact;*

*(b) Level II -- Moderate Care Coordination up to 30 units of service per month, with a minimum of four units of face-to-face contact; and*

*(c) Level III -- Intensive Care Coordination up to 60 units of service per month, with a minimum of six units of face-to-face contact; and*

*(2) For comprehensive assessment and reassessment case management service units, for Level I and Level II only, four additional face-to-face units of service above the monthly maximum may be billed during the first month of service to the participant and every 6 months thereafter.*

**JOSHUA M. SHARFSTEIN, M.D.**

**Secretary of Health and Mental Hygiene**