

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 09 45 01-.04, .06 and .07

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 09 MEDICAL CARE PROGRAMS**

### **10.09.45 Mental Health Case Management: Care Coordination for Adults**

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

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

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The Secretary of Health and Mental Hygiene proposes to amend Regulations .01—04, .06, and .07 under COMAR 10.09.45 Mental Health Case Management: Care Coordination for Adults.

#### **Statement of Purpose**

The purpose of this action is to limit the existing Targeted Case Management (TCM) program to adults because equivalent service for children and youth will be provided under a new chapter COMAR 10.09.90.

#### **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, 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:

The regulations take out references to targeted case management for children and youth because those services are being moved to a different chapter. There are no changes to the services for adults or for the reimbursement methodology for those services.

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

Correcting the cross-reference will not have an economic impact.

G. Small Business Worksheet:

Attached Document:

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## Title 10

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### Subtitle 09 MEDICAL CARE PROGRAMS

#### 10.09.45 Mental Health Case Management: Care Coordination for Adults

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

*10.09.45 (3/4/14)*

**.01 Scope.**

A. This chapter applies to providers organized to deliver mental health case management services *to adults*.

B. (text unchanged)

**.02 Definitions.**

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) "*Adult*" means an individual 18 years and older.

[(2)] (3)—[(8)] (9) (text unchanged)

[(10)] (11) "Mental health case management provider" means a provider that:

(a) Is approved under this chapter to provide mental health case management services *to adults 18 years or older*; and

(b) (text unchanged)

[(11)] (12)—[(14)] (15) (text unchanged)

[(15)] "Minor" means a child or adolescent younger than 18 years old.]

(16)—(20) (text unchanged)

[(21)] "Residential treatment center" has the meaning stated in COMAR 10.07.04.]

[(22)] (21) (text unchanged)

[(23)] "Serious emotional disturbance" means a condition that is:

- (a) Manifested in an individual younger than 18 years old;
- (b) Diagnosed according to a current diagnostic classification system that is recognized by the Secretary, excluding the following, unless they coexist with a diagnosable psychiatric disorder:
  - (i) Developmental disorders;
  - (ii) Substance abuse; and
  - (iii) Disorder classified under the "V" code; and
- (c) Characterized by a functional impairment that substantially interferes with, or limits the minor's functioning in, the family, school, or community.]

[(24)] (22) (text unchanged)

### **.03 Participant Eligibility.**

A. A recipient is eligible for mental health case management services if the recipient:

- (1) Is in a federal eligibility category for Maryland Medical Assistance according to COMAR 10.09.24, which governs the determination of eligibility for the Maryland Medical Assistance Program; *and*
  - [(2)] Has a serious emotional disturbance and is in, at risk of, or needs continued community treatment to prevent:
    - (a) Inpatient psychiatric treatment;
    - (b) Treatment in a residential treatment center (RTC); or
    - (c) An out-of-home placement due to multiple mental health stressors; or]
  - [(3)] (2) (text unchanged)

B.—D. (text unchanged)

E. *A participant may not be enrolled in Mental Health Case Management for Adults while receiving services under COMAR 10.09.90 or 10.09.33.*

### **.04 Conditions for Mental Health Case Management Provider Participation.**

A.—B. (text unchanged)

C. Providers of mental health case management shall:

- (1) (text unchanged)
- (2) Have at least 3 years experience providing mental health services, including serving high risk populations, to[:
  - (a) Adults] *adults* with serious mental illness[; or
  - (b) Minors with serious emotional disorders].

D. (text unchanged)

E. Specific Requirements. A mental health case management service provider:

- (1) (text unchanged)
- (2) Shall employ appropriately qualified individuals as community support specialists, community support specialist associates, and community support specialist supervisors with relevant work experience, including experience with the target [populations] *population*, including but not limited to [:
  - [(a)] Adults with a serious and persistent mental disorder; and
  - (b) Minors with a serious emotional disorder] *adults with a serious and persistent mental disorder*;
- (3)—(5) (text unchanged)
- (6) Shall be available to participants and, as appropriate, their families [or, if the participant is a minor, the minor's parent or guardian,] for 24 hours a day, 7 days a week in order to refer:
  - (a)—(b) (text unchanged)
- (7)—(14) (text unchanged)

### **.06 Covered Services.**

A.—B. (text unchanged)

C. Comprehensive Assessment and Periodic Reassessment.

- (1) (text unchanged)
- (2) The assessment or reassessment of the participant's stated needs and service needs is conducted by the community support specialist and incorporates input from the participant, family members, and friends of the participant, as appropriate, [or, if the participant is a minor, the minor's parent or guardian,] and community service providers, such as mental health providers, medical providers, social workers, and educators, if necessary.

(3)—(4) text unchanged

D. Development and Periodic Revision of a Specific Care Plan.

- (1)—(2) (text unchanged)
- (3) The participant, a legal guardian, the participant's family or any significant others with the participant's consent, [or, if the participant is a minor, the minor's parent or guardian's consent,] shall participate with the community support specialist, to the extent practicable, in the development and regular updating of the participant's care plan.
- (4) The specific care plan shall:
  - (a)—(b) (text unchanged)

(c) Include the active participation and agreement of the participant, the participant's authorized health care decision maker, if applicable, and others designated by the participant [ and for minors, the minor's parent or guardian]; and

(d) (text unchanged)

(5) The care planning process may include, as necessary and appropriate:

(a)—(b) (text unchanged)

(c) Transitional care planning that involves contact with the participant [or, if the participant is a minor, the minor's parent or guardian,] or the staff of a referring agency, or a service provider who is responsible to plan for continuity of care from inpatient level of care or an out-of-home placement to another type of community service; and

(d) (text unchanged)

E. Referral and Related Activities.

(1) The community support specialist or associate, under the direction of a community support specialist, shall assure that the participant [ or, if the participant is a minor, the minor's parent or guardian,] has applied for, has access to, and is receiving the necessary services available to meet the participant's needs, such as mental health services, resource procurement, transportation, or crisis intervention.

(2) (text unchanged)

(3) The linkage process shall include:

(a) Community support development by contacting, with the participant's consent, members of the participant's support network, for example, family, friends, and neighbors, as appropriate, [or, if the participant is a minor, the minor's parent or guardian,] to mobilize assistance for the participant;

(b) Crisis intervention by referral of the participant [or, if the participant is a minor, the minor's parent or guardian], to services on an emergency basis when immediate intervention is necessary;

(c) (text unchanged)

(d) Outreach in an attempt to locate service providers which can meet the participant's needs [or, if the participant is a minor, the minor's parent or guardian's needs for the child or adolescent]; and

(e) Reviewing the care plan with the participant and with the participant's family and friends, as appropriate, [or, if the participant is a minor, to the minor's parent or guardian,] so as to enable and facilitate their participation in the plan's implementation.

F. Monitoring and Follow-Up Activities.

(1) A mental health case management provider shall monitor, as frequently as necessary, the activities and contacts that are considered necessary to ensure the care plan is implemented and adequately addresses the participant's needs, and include:

(a) The participant [ or, if the participant is a minor, the minor's parent or guardian]; and

(b) (text unchanged)

(2) (text unchanged)

(3) The mental health case management provider shall:

(a) (text unchanged)

(b) Monitor service provision on an ongoing basis, to ensure that the agreed-upon services are provided, are adequate in quantity and quality, and meet the participant's needs and stated goals[, or, if the participant is a minor, the parent's or guardian's stated needs and goals for the participant].

(4) (text unchanged)

G. (text unchanged)

H. The mental health case management provider shall engage in participant advocacy, including:

(1) Empowering the participant [or, if the participant is a minor, the minor's parent or guardian,] to secure needed services;

(2) (text unchanged)

(3) Encouraging and facilitating the participant's decision making and choices leading to accomplishment of the participant's goals [or, if the participant is a minor, encourage the parent or guardian to carry out these decisions].

I. (text unchanged)

#### **.07 Limitations.**

A.—B. (text unchanged)

C. Mental health case management services do not restrict or otherwise affect:

(1) (text unchanged)

(2) The freedom of a participant [or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian,] to select from all available services for which the participant is found to be eligible; or

(3) A participant's free choice among qualified providers [or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian's free choice among qualified providers].

D.—F. (text unchanged)

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

**Secretary of Health and Mental Hygiene**

