

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>
	06/25/2015	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 8/7/2015

2. COMAR Codification

**Title Subtitle Chapter Regulation**

10 09 80 01-.08

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator

Michele Phinney

Telephone Number

410-767-5623

**Mailing Address**

201 W. Preston Street

**City State Zip Code**  
Baltimore MD 21201

**Email**

michele.phinney@maryland.gov

5. Name of Person to Call About this Document

Michael Cimmino

Telephone No.

410-767-0579

**Email Address**

michael.cimmino@maryland.gov

**6. Check applicable items:**

- New Regulations
  - Amendments to Existing Regulations
    - Date when existing text was downloaded from COMAR online: April 3, 2015.
  - Repeal of Existing Regulations
  - Recodification
  - Incorporation by Reference of Documents Requiring DSD Approval
  - Reproposal of Substantively Different Text:
    - : Md. R
    - (vol.) (issue) (page nos) (date)
- Under Maryland Register docket no.: --P.

**7. Is there emergency text which is identical to this proposal:**

- Yes  No

**8. Incorporation by Reference**

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

**9. Public Body - Open Meeting**

- OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.
- OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

**10. Children's Environmental Health and Protection**

Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

**11. Certificate of Authorized Officer**

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by David Lapp, Assistant Attorney General, (telephone #410-767-5292) on May 26, 2015. A written copy of the approval is on file at this agency.

**Name of Authorized Officer**

Van T. Mitchell

**Title**

Secretary

**Telephone No.**

410-767-6500

**Date**

June 24, 2015

**Title 10**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Subtitle 09 MEDICAL CARE PROGRAMS**

**10.09.80 Community-Based Substance Use Disorder Services**

Authority: Health-General Article, §§2-104(b), 8-204(c)(1), 15-103(a)(1), and 15-105(b), Annotated Code of Maryland

**Notice of Proposed Action**

[]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01—.08 under COMAR 10.09.80 Community-Based Substance Use Disorder Services.

**Statement of Purpose**

The purpose of this action is to clarify and update provider requirements and behavioral health services provided by substance use disorder providers within the Public Behavioral Health System.

**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 September 7, 2015. A public hearing has not been scheduled.

**Economic Impact Statement Part C**

A. Fiscal Year in which regulations will become effective: FY 2016

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 chapter clarifies behavioral health services delivered by substance use disorder providers. There are no changes to service delivery, reimbursement methodology, or enrollment levels that would result in an economic impact.

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

Clarifying services delivered by substance use disorder providers 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**

#### **10.09.80 Community-Based Substance Use Disorder Services**

Authority: Health-General Article, §§2-104(b), 8-204(c)(1), 15-103(a)(1), and 15-105(b), Annotated Code of Maryland

*10.09.80 (4/3/2015)*

##### **.01 Definitions.**

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

[(2) “American Society of Addiction Medicine (ASAM) Criteria” means an instrument designed to indicate patient placement guidelines for admission, continued stay, and discharge.]

[(3)] (2)—[(5)] (4) (text unchanged)  
[(6)] (5) "Department" means the Department of Health and Mental Hygiene[.], as defined in COMAR 10.09.36.01, or its authorized agents acting on behalf of the Department.  
[(7)] (6)—[(9)] (8) (text unchanged)  
[(10)] (9) "Medical Assistance [Program]" has the meaning stated in COMAR [10.09.36.01] 10.09.24.02.  
[(11)] (10) —[(12)] (11) (text unchanged)  
[(13)] (12) "Participant" means an individual who is *certified as eligible* for [Program], and is receiving, Medical Assistance benefits.  
[(14)] (13)—[(17)] (16) (text unchanged)  
(17) "Substance use disorder services" means the services for which the participants' diagnosis and treatment provider meet the criteria specified in COMAR 10.09.70 and this chapter.  
(18) (text unchanged)

#### **.02 License Requirements.**

A. A community-based substance use disorder provider shall be certified by the Department in accordance with COMAR 10.47.01.

B. An opioid maintenance therapy provider shall:

- (1) Be certified by the Department in accordance with COMAR 10.47.01; and
- (2) Maintain approval by the U.S. Drug Enforcement Administration.]

To participate in the Program, a provider shall meet the license requirements stated in COMAR 10.09.36.02.

#### **.03 Conditions for Provider Participation.**

A. [Providers shall be community-based substance use disorder programs that meet all conditions for participation set forth in COMAR 10.09.36.03.] A provider shall be in compliance with COMAR 10.09.36.03.

B. [A community-based substance use disorder provider shall:] A provider of community-based substance use disorder services shall include:

(1) Community-based substance use disorder providers that:

(a) Are licensed by the Department as community-based substance use disorder providers pursuant to the requirements listed in Regulation .05 of this chapter; and

[(1)] (b) Maintain verification of licenses and credentials of all professionals employed by or under contract with the provider in their respective personnel files; [and]

(2) [Have clearly defined, written, patient care policies.] Federally qualified health centers in compliance with COMAR 10.09.08; or

(3) Opioid treatment programs that:

(a) Are licensed by the Department's Office of Health Care Quality;

(b) Are approval by the U.S. Drug Enforcement Administration; and

(c) Comply with 42 CFR §8.

C. A provider of substance use disorder services shall maintain adequate documentation of each [face-to-face] contact with [each] a participant as part of the medical record, which, at a minimum[, shall include] includes:

(1) [Date] The date of service with start and end times;

(2) [Start time and end time] Documents all services received by the participant;

(3) [Summary of interventions provided; and] The participant's primary reason for the substance use disorder visit;

(4) A description of the service provided; and

(5) Progress notes;

[(4)] (6) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title.

D. [An opioid maintenance therapy provider shall comply with federal regulation 42 CFR §8.] The providers shall make the documentation required under Regulation .05C available, as necessary to carry out required activities, to:

(1) The Department;

(2) The ASO;

(3) The Core Service Agency;

(4) The Office of Inspector General of the Department; and

(5) The Office of the Attorney General Medicaid Fraud Control Unit.

E. A provider shall comply with all federal statutes and regulations, including the Health Insurance Portability and Accountability Act, 42 U.S.C. §1320D et seq., and implementing regulations at 45 CFR Parts 160 and 164.

#### **.04 Participant Eligibility and Referral.**

A. A participant may self-refer or be referred to substance use disorder treatment by a:

(1) (text unchanged)

(2) Family member; [or]

(3) Caregiver[.]; or

(4) Local health authority.

B. [The ASO shall have a toll free telephone line to accept referrals and help participants find an appropriate substance use disorder provider.] *An individual is eligible for substance use disorder services if:*  
(1) *The individual meets the Department's medical necessity criteria; and*  
(2) *The service is appropriate to the specific provider type or community-based substance use disorder providers listed in Regulation .05 of this chapter.*

[C. The ASO shall authorize medically necessary services according to guidelines established by the Department and in accordance with Regulation .03 of this chapter.

D. Substance Use Disorder Services.

(1) Substance use disorder services are services for which the participants' diagnosis and treatment provider meet the criteria specified in COMAR 10.09.70 and this chapter.

(2) The ASO shall reimburse substance use disorder providers.]

**.05 Covered Services.**

A. (text unchanged)

B. Level [I] group and individual substance use disorder counseling shall include:

(1) (text unchanged)

(2) A written individualized treatment plan, with the participation of the participant based on the comprehensive assessment that shall:

[(a) Be updated every 90 days;]

[(b)] (a) (text unchanged)

[(c)] (b) Include:

[(i) An assessment of the participant's eligibility, using ASAM Criteria for Level I;

(ii) The participant's individual needs;]

[(iii)] (i) [Long-range and short-range] *Participant* treatment plan goals;

[(iv) Specific interventions for meeting the treatment plan goals;

(v) Target dates for completion of treatment plan goals;

(vi) Criteria for successful completion of treatment;]

[(vii)] (ii) (text unchanged)

[(viii)] (iii) Referral to recovery support services, if needed; *and*

[(3) Documentation in the participant's record through written progress notes after each counseling session;]

[(4)] (3) Family members, if necessary, as long as the participant is also present in a Level 1 group counseling session; and].

[(5) A discharge plan, which includes written recommendations to assist the participant with continued recovery efforts, as well as appropriate referral services.]

C. Level [II.1] 2.1 [intensive outpatient] *Intensive Outpatient* services shall include:

(1) Services for participants who require *outpatient treatment for 9 [to 20] or more* hours weekly for an adult and 6 [to 20] *or more* hours weekly for an adolescent;

(2) A written individualized treatment plan, with the participation of the participant based on the comprehensive assessment that shall:

[(a) Be completed and signed by the participant's substance use disorder counselor and the participant within 5 working days of the comprehensive assessment;

(b) Be updated every 30 days;

(c) At a minimum meet eligibility criteria, using ASAM Criteria for Level II.1; and]

[(d)] (a) (text unchanged)

[(e)] (b) Include:

[(i) An assessment of the participant's eligibility, using ASAM Criteria for Level II.1;

(ii) The participant's individual needs;]

[(iii)] (i) [Long-range and short-range] *Participant* treatment plan goals; *and*

[(iv)] (ii) Specific interventions [for meeting the treatment plan goals, includes at least one group counseling session a week and at least one individual session every 2 weeks;] *that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and*

[(v) Target dates for completion of treatment plan goals;

(vi) Criteria for successful completion of treatment;

(vii) Referrals to ancillary services, if needed; and

(viii) Referral to recovery support services, if needed;

(3) Service that last at least 2 hours in order to be billed;

(4) A participant progress note added to the participant's record after each session; and]

[(5)] (3) (text unchanged)

D. Level [II.5] 2.5 partial hospitalization services shall include:

(1) Services for participants who require *a minimum of 20 [to 35] hours* weekly of structured outpatient treatment;] *delivered in the following ways:*

(a) *Half day sessions with a minimum of 2 hours per day of services; or*

(b) Full day sessions with a minimum of 6 hours per day of services;

(2) A written individualized treatment plan, with the participation of the participant based on the comprehensive assessment that shall:

[(a) Be updated every 7 days;]

[(b)] (a) (text unchanged)

[(c)] (b) Include:

[(i) An assessment of the participant's eligibility, using ASAM Criteria for Level II.1;

(ii) The participant's individual needs;]

[(iii)] (i) [Long-range and short-range] *Participant* treatment plan goals; and

[(iv)] (ii) Specific interventions [for meeting the treatment plan goals, includes at least one group counseling session a week and at least one individual session every 2 weeks;] *that reflect the amounts, frequencies and intensities appropriate to the objective of the treatment plan; and*

[(v) Target dates for completion of treatment plan goals;

(vi) Criteria for successful completion of treatment;

(vii) Referrals to ancillary services, if needed; and

(viii) Referral to recovery support services, if needed;

(3) A participant progress note added to the participant's record after each session; and]

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

E. Opioid maintenance therapy service *delivered by opioid treatment programs* shall include:

(1) A [Comprehensive] *comprehensive* substance use disorder assessment as described in §A of this regulation; [and]

(2) An individualized treatment plan [as described in COMAR 10.47.01.04] that shall[:] *be reviewed and approved by a licensed physician or licensed practitioner of the healing arts, within the scope of his or her practice under State law;*

[(a) Be completed and signed by the participant's substance use disorder counselor and the participant within 7 working days of the comprehensive assessment;

(b) Be updated every 90 days for the first year of treatment; and

(c) Include an individualized treatment plan updated every 180 days and signed by the substance use disorder counselor and participant after completion of continuous treatment and if the participant meets the requirements for unsupervised or take home use set forth in 42CFR §8.12(i);]

(3) The following services:

(a) Pharmacological interventions, including [methadone dosing, full and partial] *the use of FDA-approved opiate agonist and partial agonist* treatment medications to provide treatment, support, and recovery to opioid-addicted participants;

(b) Substance use disorder and related counseling as recommended in the individualized treatment plan; and

[(c) Medical services, including, but not limited to, those required to be provided by the Program in accordance with COMAR 10.47.02.11; and]

[(d)] (c) Ordering and administering non-narcotic drugs; and

[(4) Arrangement for transportation of medication to inpatient treatment programs under the conditions outlined in COMAR 10.47.02.11; and]

[(5)] (4) (text unchanged)

F. Buprenorphine induction service *delivered by opioid treatment programs* shall include:

(1) A comprehensive substance use disorder assessment as described in §A of this regulation; and

[(2) An individualized treatment plan as described in COMAR 10.47.01.04] that shall:

(a) Include an individualized treatment plan updated every 180 days; and

(b) Be signed by the substance use disorder counselor and participant after completion of continuous treatment;]

[(3)] (2) The following services *as clinically indicated*:

(a) Pharmacological interventions, including [buprenorphine dosing, full and partial] *the use of FDA-approved opiate agonist and partial agonist* treatment medications to provide treatment, support, and recovery to opioid-addicted participants;

(b) Substance use disorder and related counseling as recommended in the individualized treatment plan;]

[(c)] (b) Medical services, including, but not limited to, those required to be provided by the Program [in accordance with COMAR 10.47.02.11; and] *that ensure that participants receive a dose adequate to alleviate withdrawal symptoms; and*

[(d)] (c) Ordering and administering non-narcotic drugs; and].

[(4) A discharge plan, which includes written recommendations to assist the participant with continued recovery efforts, as well as appropriate referral services.]

G. Buprenorphine [Maintenance Therapy service] *maintenance therapy delivered by an opioid treatment program* shall include:

(1) An individualized treatment plan [as described in COMAR 10.47.01.04] that shall[:] *be reviewed and approved by a licensed physician or licensed practitioner of the healing arts, within the scope of his or her practice under State law;*

[(a) Be completed and signed by the participant's substance use disorder counselor and the participant within 7 working days of the comprehensive assessment;

(b) Be updated every 90 days for the first year of treatment; and

(c) Include an individualized treatment plan updated every 180 days and signed by the substance use disorder counselor and participant after completion of continuous treatment;]

(2) The following services *as clinically indicated*:

(a) Pharmacological interventions, including [buprenorphine dosing, full and partial] *the use of FDA-approved opiate agonist and partial agonist treatment medications to provide treatment, support, and recovery to opioid-addicted participants;*

(b) (text unchanged)

(c) Medical services, including, but not limited to, those required to be provided by the Program [in accordance with COMAR 10.47.02.11; and] *that*:

(i) *Ensure that participants receive a dose adequate to alleviate withdrawal symptoms;*

(ii) *Employ dose increases and behavior therapy before mandatory detoxification for participants continuing to use drugs;*

(iii) *Establish participant dosing on an individual need;*

(iv) *Provide flexible dosage tapering at the participant's request; and*

(v) *Include a withdrawal management plan with dosage reductions; and*

(d) (text unchanged)

(3) (text unchanged).

H. Ambulatory [Detoxification] *withdrawal management* service shall include:

(1) A [Comprehensive] *comprehensive* substance use disorder assessment as described in §A of this regulation;

[(2) An individualized treatment plan as described in COMAR 10.47.01.04 that shall include:

(a) An assessment of the participant's eligibility, using ASAM Criteria for Level I, Level II.1, or Level II.5;

(b) The participant's individual needs;

(c) Long-range and short-range treatment plan goals;

(d) Target dates for completion of treatment plan goals;

(e) Criteria for successful completion of treatment;

(f) Referrals to ancillary services, if needed; and

(g) Referral to recovery support services, if needed;]

[(3)] (2) The following services *as clinically indicated*:

(a) Administration and monitoring of medication, including administration and monitoring of psychotropic medication by qualified staff, as necessary; *and*

(b) Managing withdrawal symptoms; *and*

[(c) Motivating the individual to participate in an appropriate treatment program for alcohol or other drug dependence; and

(d) Monitoring of vital signs;]

[(4)] (3) A participant progress note added to the participant's record after each session[; and].

[(5) A discharge plan, which includes written recommendations to assist the participant with continued recovery efforts, as well as appropriate referral services.]

## **.06 Limitations.**

A. The Program under this chapter does not cover the following:

(1)—(2) (text unchanged)

(3) Services not *identified by the Department as medically necessary*[, including court-ordered assessments and services which are deemed to not be medically necessary] *or listed in Regulation .05 of this chapter*;

(4) (text unchanged)

(5) *Substance use disorder visits solely for the purpose of*:

(a) *Prescribing medication;*

(b) *Administering medication;*

(c) *Drug or supply pick-up;*

(d) *Collecting laboratory specimens;*

(e) *Interpreting laboratory tests or panels; or*

(f) *Administering injections, unless the following are documented in the participant's medical record:*

(i) *Medical necessity; and*

(ii) *The participant's inability to take appropriate oral medications;*

[(5)] (6)—[(6)] (7) (text unchanged)

[(7)] (8) Services that are separately billed but included as part of another service; [and]

[(8)] (9) Buprenorphine [Induction and Buprenorphine Maintenance Therapy] *induction and buprenorphine maintenance therapy* services [delivered by a participant's primary care provider which are the responsibility of the Managed Care Organization.] *that are:*

(a) *Delivered by a participant's primary care provider which are the responsibility of the Managed Care Organization as specified in COMAR 10.09.70; or*

(b) *Delivered without a primary diagnosis of substance use disorder; and*

(10) *Services not authorized consistent with COMAR 10.09.80.*

B. Providers may not be reimbursed by the Program for:

[(1)] Services provided at no charge to the general public;]

[(2)] (1) (text unchanged)

[(3)] (2) More than one Level [I] 1 group counseling session per day per participant;

[(4)] (3) More than six Level [I] 1 individual counseling units as measured in 15 minute increments per day per participant;

[(5)] (4) More than four sessions of Level [II.1] 2.1 Intensive Outpatient treatment per week;

[(6)] (5) Level [I] 1 group or individual counseling during the same week as a Level [II.1] 2.1 Intensive Outpatient treatment, Level [II.1] 2.5 Partial Hospitalization, Buprenorphine Induction, or Buprenorphine Maintenance Therapy service unless the participant has been discharged from or admitted to a new level of care:

[(7)] (6) Overlapping episodes of Level [II.1] 2.1 Intensive Outpatient treatment and Level [II.1] 2.5 Partial Hospitalization;

[(8)] (7) Opioid [Maintenance Therapy] *maintenance therapy delivered by an opioid treatment program* during the same week as a Level [I] 1 group or individual counseling session, Level [II.1] 2.1 Intensive Outpatient treatment or Level [II.1] 2.5 Partial Hospitalization;

[(9)] (8) Psychiatric day treatment service as described in COMAR 10.09.02.01 or an intensive outpatient mental health service on the same day as a Level [II.1] 2.1 Intensive Outpatient program or Level [II.1] 2.5 Partial Hospitalization program;

[(10)] (9) Buprenorphine [Induction] *induction* during the same week as a Level [I] 1 group or individual counseling session, Level [II.1] 2.1 Intensive Outpatient treatment, Level [II.1] 2.5 Partial Hospitalization or Opioid Maintenance Therapy;

[(11)] (10) Buprenorphine [Maintenance Therapy] *maintenance therapy delivered by an opioid treatment program* during the same week as a Level [I] 1 group or individual counseling session, Level [II.1] 2.1 Intensive Outpatient treatment, Level [II.1] 2.5 Partial Hospitalization or Opioid Maintenance Therapy;

[(12)] (11) Ambulatory [detoxification] *withdrawal management* during the same week as a [Opioid Maintenance Therapy, Buprenorphine Induction, or Buprenorphine Maintenance] *opioid maintenance therapy, buprenorphine induction, or buprenorphine maintenance;*

[(13)] (12) (text unchanged)

(13) *Services delivered by federally qualified health centers other than those billed using T-codes that may include the following delivered by two separate appropriately licensed providers:*

(a) *One T-code for mental health services per day; and*

(b) *One T-code for substance use disorder services per day;*

(14)—(18) (text unchanged)

[C. The Program shall make no direct payment to participants.

D. The provider shall meet the requirement of §B(1) of this regulation by:

(1) Charging other members of the public in full for service rendered;

(2) Using a sliding fee scale based on the other individual's income;

(3) Waiving all or part of the fee for a specific individual; or

(4) Billing the other insurance company and agreeing to accept what other third party pays as payment in full, whether or not the provider bills individuals who lack third party coverage.]

C. *In order to bill for an individual in Level 2.1 Intensive Outpatient treatment, the per diem session shall include a minimum of 2 hours. A maximum of 4 per diems may be billed per week.*

D. *In order to bill for an individual in Level 2.5 Partial Hospitalization, the per diem rate for a half day session shall include a minimum of 2 hours.*

E. *In order to bill for an individual in Level 2.5 Partial Hospitalization, the per diem rate for a full day session shall include a minimum of 6 hours.*

F. *The Department shall pay participating opioid treatment programs, per participant, per week provided the participant received at least one face-to-face documented treatment service in the week for which the Program is billed.*

G. *In order for an opioid treatment program to bill for buprenorphine induction, the provider shall bill this service only in the first week of treatment per participant.*

H. *In order for an opioid treatment program to bill for buprenorphine maintenance therapy, the provider shall bill this service per participant per week.*

I. *In order to bill for ambulatory withdrawal management, per diem, providers may bill up to 5 per diems during the detoxification episode if determined medically necessary by the Department.*

J. All drug screening lab claims submitted to the ASO shall list the applicable substance use disorder diagnosis.

**.07 Authorization Requirements.**

A.—B. (text unchanged)

C. No payment shall be rendered for services that have not been authorized by the Department or [it's] its designee.

**.08 Payment Procedures.**

A.—B. (text unchanged)

C. *Unless the care is free to other patients*, [Provider] a provider shall bill the Program their usual and customary charge to the general public.

D. Rates for the services outlined in this regulation shall be as follows:

(1) (text unchanged)

(2) Level [I] I group substance use disorder counseling — \$39 per session;

(3) Level [I] I individual substance use disorder counseling — \$20 per 15-minute increment with a maximum of six 15-minute increments per day;

(4) Level [II.1] 2.5 Intensive [outpatient] Outpatient treatment — \$125 per diem;

(5) Level [II.5] 2.5 Partial Hospitalization *half day session* — \$130 per diem;

(6) *Level 2.5 Partial Hospitalization full day session* — \$210 per diem;

[(6)] (7) Opioid Maintenance Therapy — \$80 per participant per week;

[(7)] (8) Buprenorphine Induction — \$200 per participant per week;

[(8)] (9) Buprenorphine Maintenance Therapy — \$75 per participant per week; and

[(9)] (10) Ambulatory [Detoxification] *Withdrawal Management* — \$70 per diem.

[E. In order to bill for an individual in Level II.1 intensive outpatient treatment as described in §D(4) of this regulation, the per diem session shall include a minimum of 2 hours. A maximum of 4 per diems may be billed per week.

F. In order to bill for an individual in Level II.5 partial hospitalization, the per diem session shall include a minimum of 2 hours. Providers may bill a maximum of 7 per diems per week.

G. The Department shall pay participating opioid maintenance therapy programs as described in §D(6) of this regulation, per participant, per week provided the participant has received at least one face-to-face documented treatment service in the week for which the Program is billed.

H. In order to bill for buprenorphine induction treatment for an individual in an opioid maintenance therapy program as described in §D(7) of this regulation, participating opioid maintenance therapy programs shall bill for this service in the first week of treatment per participant.

I. In order to bill for buprenorphine maintenance therapy for an individual in an opioid maintenance therapy program as described in §D(8) of this regulation, participating opioid maintenance therapy programs shall bill for this service per participant per week.

J. In order to bill for ambulatory detoxification treatment as described in §D(9) of this regulation, per diem, providers shall bill a maximum of 3 per diems per week, with an additional 2 days as necessary.

K. Services not authorized consistent with COMAR 10.09.80.]

E. The Program shall make no direct payment to participants.

[L.] F.—[M.] G. (text unchanged)

**VAN T. MITCHELL**

**Secretary of Health and Mental Hygiene**