MARYLAND REGISTER

Proposed Action on Regulations

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

1. Desired date of publication in Maryland Register: 1/8/2016

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	09	56	01, .02, 04-.08, .11, 14-.17, .19, .21 and .22

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator
Michele Phinney

Telephone Number
410-767-5623

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201 W. Preston Street

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Emma Calvet

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6. Check applicable items:

X- New Regulations

X- Amendments to Existing Regulations

Date when existing text was downloaded from COMAR online: October 30, 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 **X-** 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 November 20, 2015. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Van T. Mitchell

Title	**Telephone No.**
Secretary	410-767-6500

Date

December 1, 2015

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 09 MEDICAL CARE PROGRAMS
10.09.56 Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder

Authority: Health-General Article, §§2-104(b), 15-103, 15-105 and 15-130, Annotated Code of Maryland

Notice of Proposed Action

[]

The Secretary of Health and Mental Hygiene proposes to to amend Regulations .01, .02, .04—.08, .11, .14—.17, .19, .21, and .22, and adopt new Regulations .06-2 and .14-1 under COMAR 10.09.56 Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder.

Statement of Purpose

The purpose of this action is to update regulations to reflect changes in the waiver authority approved by the Centers for Medicare and Medicaid Services. The proposed amendments will establish intensive therapeutic integration as a new waiver service and increase the reimbursement limit for environmental accessibility adaptations. Additionally, the autism spectrum disorder participant eligibility requirements, staff training, and staffing for residential habilitation service are updated.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact.

The addition intensive therapeutic service (ITI) and the increased reimbursement limit for environmental accessibility adaptations (EAA) will result in increased Program expenditures of $168,245.

II. Types of Economic Impact.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:	(E+)	$168,245
B. On other State agencies:	NONE	
C. On local governments:	NONE	

	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	$168,245
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

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

A. The new ITI service is expected to be used by 52 participants, averaging four units of service per week, 50 weeks per year, at $15.28 per unit. This service will result in increased Program expenditures, and provider revenues, of $158,912 annually. (52 participants x 4 units x 50 weeks x $15.28)

The reimbursement limit for environmental accessibility adaptations will increase from $1,500 to $2,000 to be utilized over a 3 year period. An average of 56 participants utilized this service in the past 3 years. Historically, all users of the service used the maximum allowed. Therefore, the new reimbursement limit will result in an expected increase of $9,333 ($500 increase/3 years = $166.67 x 56 users).

The total increased expenditure for the Program, and revenue for Autism Waiver providers, for both services is $168,245.

D. See A.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows.
Most providers rendering ITI and EAA are small businesses. Autism Waiver providers' revenue will increase by $168,245.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:
Autism Waiver program participants who require a higher level of support will have access to ITI, which may improve their social skills and safety in home and community settings. The increase in the EAA reimbursement limit will allow participants to access additional funds for physical adaptations, as well as, assistive and augmentative devices.

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, or fax to 410-767-6483. Comments will be accepted through February 8, 2016. 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?
Yes
C. If 'yes', state whether general, special (exact name), or federal funds will be used:
General funds (reimbursable from MSDE) and federal matching 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:

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

G. Small Business Worksheet:

Attached Document:

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.56 Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder

Authority: Health-General Article, §§2-104(b), 15-103, 15-105 and 15-130, Annotated Code of Maryland

10.09.56.01 (10/07/15)

.01 Definitions.
A. (text unchanged)
B. Terms Defined.
(1)—(10) (text unchanged)
(11) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 developed to improve portability of health insurance coverage, reduce healthcare fraud and abuse, and protect individual privacy of personal health records.
[(11)**]** *(12)*—**[**(22)**]** *(23)* (text unchanged)

(24) "Positive behavior intervention" means a range of intervention strategies that are designed to prevent problem behaviors while teaching socially appropriate alternative behaviors.

[(23)**]** *(25)*—**[**(25)**]** *(27)* (text unchanged)

(28) "Qualified diagnostician" means an individual whose license or certification permits diagnosis of Autism Spectrum Disorder.

[(26)**]** *(29)* (text unchanged)

(30) "Reportable event policy" means a process developed to protect the health and safety of waiver participants in the community by identifying, documenting, and resolving complaints and incidents.

(31) "Retainer payment" means payment made to providers of residential habilitation services while the participant is hospitalized or absent from the residential habilitation program.

[(27)**]** *(32)*—**[**(30)**]** *(35)* (text unchanged)

(36) "State fiscal year" means the 12-month period of July 1 through June 30 over which the State budgets its spending.

[(31)**]** *(37)*—**[**(32)**]** *(38)* (text unchanged)

C. (text unchanged)

10.09.56.02 (10/07/15)

.02 Participant Eligibility.

A. Medical Eligibility for the Autism Waiver.

(1) To be medically eligible for the services covered under the chapter, an applicant shall be certified by the licensed psychologist or certified school psychologist, who is a member of the participant's multidisciplinary team and is employed by the local Infants and Toddlers Program **[**or**]** *, the* local school system, *the Program, or the Program's designee,* to need ICF-ID level of care**[**, as part of the multidisciplinary team process and**]** using the **[**form**]** s*tandardized process* for determination of eligibility for level of care in an **[**intermediate care facility for the intellectually disabled and persons with related conditions (ICF-ID)**]** *ICF-ID.*

(2)—(3) (text unchanged)

B. Technical Eligibility for the Autism Waiver. An applicant or participant shall be determined by the multidisciplinary team to meet the waiver's technical eligibility-criteria if the individual:

(1) (text unchanged)

(2) Is determined to be developmentally disabled and is diagnosed with autism spectrum disorder, *every 3 years or more often as requested by MSDE,* by a qualified diagnostician using an evaluation methodology considered sufficient by the multidisciplinary team;

(3) (text unchanged)

(4) Uses at least one waiver service monthly, not including family **[**training**]** *consultation,* unless otherwise authorized by the **[**Maryland**]** State Department of Education;

(5) (text unchanged)

(6) If the child has an IEP, receives **[**more than 12 hours**]** *15 hours or more* per week of special education and related services and requires a more intensive therapeutic program than other students or is currently participating in an approved Home and Hospital Program pursuant to the procedures of COMAR 13A.03.05 and 13A.05.01;

(7)—(10) (text unchanged)

C. (text unchanged)

D. Autism Waiver Eligibility.

(1) If an applicant is verified by the multidisciplinary team and the State Department of Education:

(a) To meet all of the criteria specified in §§A—C of this regulation, the participant's service coordinator, the representative of the local school system or local lead agency, **[**and**]** the representative of the State Department of Education, *and the Program* shall certify Autism Waiver eligibility and *the Program shall* establish the effective date for **[**Waiver**]** enrollment; or

(b) (text unchanged)

(2) (text unchanged)

10.09.56.04 (10/30/15)

.04 Conditions for Participation — General.

To provide Autism Waiver services, the provider:

A.—D. (text unchanged)

E. Shall assure that direct care workers who render services under this chapter:

(1) (text unchanged)

(2) Receive adequate and appropriate training, within 60 days of employment and annually thereafter, pertaining to care for children with autism spectrum disorder including:

(a) Training concerning abuse, neglect, and exploitation; **[**and**]**

(b) Positive behavioral interventions and restraints *rendered by a MSDE approved trainer*;

(c)Reportable event policy; and

(d) HIPAA;

(3) Work under the ongoing supervision of **[**an appropriately**]** *a* qualified professional employee of the provider who has *annual* training in:

(a) Abuse, neglect, exploitation; **[**and**]**

(b) Positive behavioral interventions and appropriate use of restraints *rendered by a MSDE-approved trainer*;

(c)Reportable event policy; and

(d) HIPAA;

(4)—(5) (text unchanged)

(6) Have volunteer or employment experience working with children with autism spectrum disorder or other developmental disabilities as a service provider or as a family member for a minimum of 100 hours**[.]**, *that may include:*

(a) Internships;

(b) Post high school educational experience with developmental disabilities;

(c) Shadowing experienced staff;

(d) Employment with a developmental disabilities agency; or

(e) Fulfilling the community service requirement through volunteering with a child with autism or another developmental disability;

F.—H. (text unchanged)

I. Shall maintain current, written, and signed contracts with all contractors providing waiver services on behalf of the provider that include:

(1)—(2) (text unchanged)

(3) **[**Written**]** *The requirement to complete and maintain written* documentation of service delivery **[**expectations;**]**, *individualized for each participant on each day that the participant receives services;*

(4)—(5) (text unchanged)

J.—M. (text unchanged)

N. If self-employed, shall:

(1)—(4) (text unchanged)

(5) Submit monthly Criminal Justice Information System's update reports to the **[**Maryland**]** State Department of Education.

O. Shall have the option to request the Department to waive the provisions of §§L(3) and N(4) of this regulation if the applicant demonstrates that:

(1) The conviction, probation before judgment, or plea of nolo contendere for a felony or any crime involving moral turpitude or theft was entered more than 10 years before the date of the **[**provider**]** *provider's or prospective employee's* application; and

(2) (text unchanged)

P.—R. (text unchanged)

S. Shall agree to maintain and have available to the Department or the **[**Maryland**]** State Department of Education personnel records and written documentation describing waiver services rendered, including dates and hours of services provided to participants, for a period of 6 years, in a manner approved by the Department or its designee;

T. (text unchanged)

U. Shall agree not to terminate services for a participant without **[**appropriate**]** *30 days written* notice to the **[**family**]** *participant, parent or guardian,* and service coordinator *unless a risk to health and safety exists*;

V.—W. (text unchanged)

X. Shall maintain *written quarterly* records documenting *face-to-face* supervision of direct care employees**[**;**]** *and direct observation of the participant that includes:*

(1) Date and location of supervision;

(2) Review, feedback, and oversight of the implementation of treatment plan goals;

(3) Review, feedback, and oversight of the implementation of positive behavior intervention;

(4) Review, feedback, and oversight of the scope of activities during service;

(5) Review, feedback, and oversight of data collection;

(6) Date and name of supervisor, name of employee, and name of the participant; and

(7) Signature of supervisor;

Y.—FF. (text unchanged)

GG. Shall have status as a Maryland Medicaid Autism Waiver provider, including the Medicaid provider number, terminated if no services have been provided for 24 consecutive months; **[**and**]**

HH. Shall, when transportation is provided:

(1) Implement the provider's transportation policy;

(2) Identify the driver in daily contact notes or a transportation log;

(3) Document the start and stop times transportation is provided for each day that a participant is transported;

(4) Maintain a copy of the current automobile liability coverage and documentation of payment for the vehicle transporting a participant; and

(5) Maintain a current copy of the valid State driver's license and driving record for staff transporting a waiver participant; and

[HH.**]** II. (text unchanged)

10.09.56.05 (10/07/15)

.05 Specific Conditions for Participation — Residential Habilitation Services.

To provide the services covered under Regulation .11 of this chapter, the provider agency shall:

A. Provide services in a facility that meets the following requirements:

(1) (text unchanged)

(2) Has eight or fewer beds, unless approved by the **[**Maryland**]** State Department of Education to have up to 16 beds due to special needs of children;

(3)—(7) (text unchanged)

B.—C. (text unchanged)

D. Provide round-the-clock staffing which:

(1) (text unchanged)

(2) **[**May be less than 7 days a week, such as without weekend services;**]** *Unless the provider designates that it does not provide residential habilitation on weekends, is for 365 days a year,*

E.—H. (text unchanged)

I. Demonstrate the capability and capacity of providing Autism Waiver residential habilitation services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding:

(1)—(3) (text unchanged)

[(5)**]** *(4)*—**[**(6)**]** *(5)* (text unchanged)

[(7)**]** *(6)* Training and supervision of staff; **[**and**]**

[(8)**]** *(7)* (text unchanged)

(8) Emergency back-up plans; and

(9) HIPAA;

J. (text unchanged)

K. Provide documented evidence of integration of the residential habilitation program with **[**IEP or IFSP, education, and other waiver and**]** other community-based services received by Autism Waiver participants;

L.—O. (text unchanged)

P. Maintain daily contact logs completed on the same day the service is provided and reflective of the individual plan's goals and *community-based* activities *from Regulation .11F of this chapter*; and

Q. (text unchanged)

10.09.56.06 (10/07/15)

.06 Specific Conditions for Participation — Intensive Individual Support Services.

To provide the service covered under Regulation .15 of this chapter, the provider shall:

A.—F. (text unchanged)

G. Demonstrate the capability and capacity of providing intensive individual support services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding:

(1)—(6) (text unchanged)

(7) Training and supervision of staff; **[**and**]**

(8) Quality assurance; *and*

(9) HIPAA;

H. (text unchanged)

I. Provide documented evidence of integration of the covered services with **[**residential habilitation, IEP or IFSP, education, and**]** other community-based services received by Autism Waiver participants;

J.—K. (text unchanged)

L. Document goals related to transportation and the participant's needs on the treatment plan when transportation will be provided;

[L.**]** M.—**[**M.**]** N. (text unchanged)

10.09.56.06-1 (10/30/15)

.06-1 Specific Conditions for Participation — Therapeutic Integration Services.

To provide one or more of the services covered under Regulation .14 of this chapter, the provider shall:

A.—C. (text unchanged)

D. Have on site at least one direct care worker for every three **[**children**]** *participants* on the waiver, with more staffing as necessary based on participants' needs;

E.—G. (text unchanged)

H. Demonstrate the capability and capacity of providing therapeutic integration services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding:

(1)—(6) (text unchanged)

(7) Training and supervision of staff; **[**and**]**

(8) Quality assurance; *and*

(9) HIPAA;

I. (text unchanged)

J. Provide documented evidence of integration of the covered services with **[**residential habilitation, IEP or IFSP, education, and other waiver and**]** *other* community-based services received by participants;

K. (text unchanged)

L. For initial approval and as a condition of occupancy of any facility used by the program

[, submit**]** *:*

(1) Submit written documentation from responsible **[**approval] *agency* or licensing authorities verifying that the facility is in compliance with applicable health, fire safety, and zoning regulations; *and*

(2) Allow an on-site review by the MSDE;

M.—P. (text unchanged)

.06-2 Specific Conditions for Participation — Intensive Therapeutic Integration Services.

To provide one or more of the services covered under Regulation .14-1 of this chapter, the provider shall:

A. Meet all the conditions of Regulation .06-1 of this chapter; and

B. Have an on-site direct care worker for every participant receiving one-to-one intervention for intensive therapeutic integration;

10.09.56.07 (10/07/15)

.07 Specific Conditions for Participation — Respite Care.

A. (text unchanged)

B. A professional who provides respite care services or supervises a direct care worker rendering the services shall be:

(1) (text unchanged)

(2) Licensed as a psychologist, social worker, *registered* nurse, professional counselor, or occupational therapist; or

(3)—(5) (text unchanged)

C. (text unchanged)

D. A respite care provider shall demonstrate the capability and capacity of providing respite care services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding:

(1)—(5) (text unchanged)

(6) Training and supervision of staff; **[**and**]**

(7) Quality assurance**[.]** *; and*

(8) HIPAA.

E. Documentation of Service.

(1) Maintain daily contact logs completed on the same day the service is provided and reflective of interventions; and

(2) Make documentation of services available for review by the State, when requested.

10.09.56.08 (10/07/15)

.08 Specific Conditions for Participation — Family [Training] Consultation.

A. To provide the services covered under Regulation .17 of this chapter, a **[**trainer**]** *consultant* shall be:

(1)—(4) (text unchanged)

B. The provider shall have training and at least 2 years of experience, which:

(1) Is relevant to the family's **[**training**]** needs;

(2)—(3) (text unchanged)

C. The provider shall develop a plan with goals and interventions and submit the plan to the participant's service coordinator within 30 calendar days of initiation of service delivery, and at least annually thereafter, or more frequently if the **[**training**]** instructional plan changes.

D. The provider shall demonstrate the capability and capacity of providing family **[**training**]** *consultation* services by submitting documentation of experience and a written implementation plan.

E. The provider shall maintain family **[**training**]** contact logs completed on the same day the service is provided that are reflective of the family **[**training**]** plan, goals and activities.

F. The provider shall maintain and make available for review by the State, documentation of the 6-month review and update the status relative to each goal in the family **[**training**]** plan.

10.09.56.11 (10/07/15)

.11 Covered Services — Residential Habilitation Services.

A.—D. (text unchanged)

E. Intensity Levels.

(1) (text unchanged)

(2) To be approved by the multidisciplinary team for the intensive level of residential habilitation services, the participant must need:

(a) Awake overnight staffing; **[**or**]** *and*

(b) (text unchanged)

F. (text unchanged)

G. A supervisor who has been trained in accordance with Regulation .04E(3) of this chapter shall:

(1) Train and provide ongoing supervision to the direct care worker rendering residential habilitation services;

(2) Supervise the direct care worker when crisis intervention services are rendered to evaluate the nature of the crisis and intervene to reduce the likelihood of reoccurrence;

(3) Plan and regularly review the participant's therapeutic activities and behavior plan;

(4) Meet regularly with the participant and family and observe the participant in the residential habilitation setting; and

(5) Develop and identify on the individualized treatment plan, the goals, interventions, and tasks that the residential habilitation direct care worker is implementing.

H. A unit of service for residential habilitation shall be on a per diem basis.

10.09.56.14 (10/07/15)

.14 Covered Services — Therapeutic Integration Services.

Therapeutic integration services under this regulation:

[A. Shall last a minimum of 2 hours, not including transportation time, and a maximum of 4 hours, which may include transportation time, for participants identified by the multidisciplinary team as needing these services;**]**

[B.**]** *A.*—**[**J.**]** *I.* (text unchanged)

[K.**]** *J.* Shall be based on an individualized written plan that identifies goals of the specific therapeutic activities provided; **[**and**]**

[L.**]** *K.* Shall provide:

(1)—(4) (text unchanged)

(5) One or more of art, music, dance, or activity therapies, as appropriate for participants**[**.**]***;*

L. Shall have a supervisor who has been trained in accordance with Regulation .04E(3) of this chapter that:

(1) Trains and provides ongoing supervision to the direct care worker rendering therapeutic integration services;

(2) Supervises the direct care worker when crisis intervention services are rendered to evaluate the nature of the crisis and intervenes to reduce the likelihood of reoccurrence;

(3) Plans and regularly reviews the participant's therapeutic activities and behavior plan;

(4) Meets regularly with the participant and family and observes the participant in the community setting; and

(5) Develops and identifies, on the individualized treatment plan, the goals, interventions, and tasks that the therapeutic integration direct care worker is implementing.

M. Shall, when transportation is provided:

(1) Have individualized goals for transportation for the participant on the participant's treatment plan; and

(2) Document the start and stop times transportation is provided for each day that a participant is transported.

N. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the community setting.

.14-1 Covered Services — Intensive Therapeutic Integration Services.

Intensive therapeutic integration services under this regulation:

A. Are provided at a nonresidential setting separate from the home or facility where the participant lives;

B. Shall have an on-site direct care worker for every participant receiving one-to-one interventions for intensive therapeutic integration;

C. Shall include expressive therapies and therapeutic recreational activities;

D. Shall include the development of socialization skills, enhancement of self-esteem, and behavior management;

E. Are for participants who require one-to-one interventions and also have problems with socialization, isolation, hyperactivity, impulse control, and behavioral or other related disorders;

F. Are not solely educational or recreational in nature, but have a therapeutic habilitative orientation, as evidenced in written progress notes;

G. Shall be culturally competent and congruent with the participant's cultural norms;

H. Shall assure coordination with the participant's other service providers, service coordinator, and multidisciplinary team;

I. Shall be based on the participant's individualized written treatment plan that identifies goals of the specific therapeutic activities provided;

J. Shall provide:

(1) General therapeutic and therapeutic recreational services;

(2) Behavioral management;

(3) Planning for crises with the participant during a session;

(4) Socialization groups; and

(5) One or more of art, music, dance, or activity therapies, as appropriate for participants;

K. Shall have a supervisor who has been trained in accordance with Regulation .04E(3) of this chapter that:

(1) Trains and provides ongoing supervision to the direct care worker rendering therapeutic integration services;

(2) Supervises the direct care worker when crisis intervention services are rendered to evaluate the nature of the crisis and intervenes to reduce the likelihood of reoccurrence;

(3) Plans and regularly reviews the participant's therapeutic activities and behavior plan;

(4) Meets regularly with the participant and family and observes the participant in the community setting;

(5) Develops intervention on an individualized basis and identifies the interventions on an individualized treatment plan; and

(6) Identifies, in the treatment plan, the goals and tasks that the intensive therapeutic integration direct care worker is implementing; and

L. Shall, when transportation is provided:

(1) Have individualized goals for transportation for the participant on the participant's treatment plan; and

(2) Document the start and stop times transportation is provided for each day that a participant is transported.

M. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the community setting.

10.09.56.15 (10/07/15)

.15 Covered Services — Intensive Individual Support Services.

A. Intensive individual support services:

(1)—(8) (text unchanged)

(9) **[**Include providing transportation and accompanying the participant to non-Medicaid services, as necessary and consistent with the individualized treatment plan;**]** *Shall, when transportation is provided:*

(a) Have individualized goals for transportation for the participant on the participant's treatment plan; and

(b) Document the start and stop times transportation is provided for each day that a participant is transported;

(10)—(11) (text unchanged)

B. (text unchanged)

C. A professional who meets the provider qualifications of Regulation .04G(1)(a)—(f) of this chapter shall:

(1) Train and provide **[**general**]** *ongoing* supervision to the direct care worker rendering intensive individual support services;

(2)—(6) (text unchanged)

D. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the participant's home or a community setting.

10.09.56.16 (11/02/15)

.16 Covered Services — Respite Care.

A.—B. (text unchanged)

C. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the participant's home or a community setting.

10.09.56.17 (10/08/15)

.17 Covered Services — Family [Training] Consultation.

A. Family **[**training**]** *consultation* shall be provided as specified in the family **[**training**]** *consultation* plan, and:

(1)—(4) (text unchanged)

B. A participant's family:

(1)—(3) (text unchanged)

(4) Shall be present to receive family **[**training**]** *consultation* services.

C. Services.

(1) A participant's family shall receive in-person, individualized**[**, hands-on training in**]** *consultation when* providing the habilitation services listed in §C(2)—(8) of this regulation, as necessary for the participant.

(2) Habilitation. The participant's family shall receive **[**training**]** *consultation* to assist the participant to acquire, retain, or improve skills in a wide variety of areas that directly affect the participant's development and ability to reside as independently as possible, including communication skills.

(3) Self-Direction. The participant's family shall receive **[**training**]** *consultation* to assist the participant in:

(a)—(c) (text unchanged)

(4) Behavior Shaping and Management. The participant's family shall receive **[**training**]** *consultation* to assist the participant with appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

(5) Daily Living Skills. The participant's family shall receive **[**training**]** *consultation* to assist the participant, as appropriate, in:

(a)—(h) (text unchanged)

(6) Socialization. The participant's family shall receive **[**training**]** *consultation* which facilitates the participant's involvement in family and community activities and establishing relationships with siblings and peers, which may include:

(a)—(b) (text unchanged)

(c) Identifying specific **[**training activities**]** *interventions* necessary to assist the participant's involvement in those activities on an ongoing basis.

(7) Mobility. The participant's family shall receive **[**training**]** *consultation* to assist the participant with:

(a)—(c) (text unchanged)

(8) Money Management. The participant's family shall receive **[**training**]** *consultation* to assist the participant with:

(a)—(c) (text unchanged)

D. Family **[**training**]** *consultation* does not include activities **[**with family members**]** that are not covered under §C of this regulation.

E. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the participant's home or a community setting.

10.09.56.19 (10/08/15)

.19 Covered Services — Adult Life Planning Services.

A. (text unchanged)

B. Adult life planning services shall:

(1)—(2) (text unchanged)

(3) Be provided only to participants age **[**18**]** *16* years old or older.

C. A unit of service is a 30-minute increment of service rendered to a participant by a qualified provider in the participant's home or a community setting.

10.09.56.21 (10/08/15)

.21 Limitations.

A. (text unchanged)

B. Residential habilitation services may not be reimbursed for the same date of service as intensive individual support services, therapeutic integration services, *intensive therapeutic integration services,* or respite care.

C. Therapeutic integration services, *intensive therapeutic integration services,* and intensive individual support services under this chapter and school health-related services under COMAR 10.09.50 may not be reimbursed for the same period of the same day.

D. Therapeutic integration and intensive therapeutic integration services may not be rendered during the same week to a participant.

E. Therapeutic integration and intensive therapeutic integration services may include transportation time when at least 4 units of service have been provided on-site, and the maximum units of service billed may not exceed 8 units.

[D.**]** *F.*—**[**E.**]** *G.* (text unchanged)

[F.**]** *H.* The Program may reimburse for a participant not more than:

(1) (text unchanged)

(2) **[**20 hours**]** *40 units* of therapeutic integration services per week;

(3) 30 units of intensive therapeutic integration services per week;

[(3)**]** *(4)* Eight units or less than four units of therapeutic integration *or intensive therapeutic integration* services for a date of service;

[(4) 25 hours**]** *(5) 50 units* of intensive individual support services per week;

[(5) 24 hours**]** *(6) 48 units* of respite care for a date of service;

[(6) 168 hours of respite care between January 1 and June 30, and 168 hours between July 1 and December 31 of each calendar year;**]**

(7) 672 units of respite care per State fiscal year;

[(7) Six units of family training**]** *(8) 12 units of family consultation* for a date of service;

[(8) 40 units of family training per calendar year;**]**

(9) 80 units of family consultation per State fiscal year;

[(9)**]** *(10)* A total of **[**$1,500**]** *$2,000* for environmental accessibility adaptations over a 36-month period;

[(10) 8 hours**]** *(11) 16 units* of intensive individual support services per day;

[(11) 15 hours**]** *(12) 30 units* of adult life planning services per **[**calendar year**]** *State fiscal year*, for participants **[**18**]** *16* years old or older;

[(12)**]** *(13)* A lifetime maximum of **[**45 hours**]** *90 units* of adult life planning services per participant, for participants **[**18**]** *16* years old or older; and

[(13)**]** *(14)* 15 units of **[**residential habilitation services**]** *retainer payment* per calendar year at either the regular or intensive level when the participant is absent *from the residential habilitation program* for the purposes of family visitation, hospitalization, or other overnight stays.

[G.**]** *I.* Respite services may not be reimbursed for the same period of the same day as:

(1)—(2) (text unchanged)

(3) Family **[**training**]** *consultation;*

(4) Therapeutic integration; **[**or**]**

(5) Intensive therapeutic integration; or

[(5)**]** *(6)* Adult life planning services.

[H.**]** *J.*—**[**J.**]** *L.* (text unchanged)

10.09.56.22 (10/08/15)

.22 Payment Procedures.

A.—C. (text unchanged)

D. Payments.

(1) (text unchanged)

(2) The Program shall pay according to the following fee-for-service schedule:

(a) Residential habilitation services *and retainer payments*: reimbursed at one of the following all-inclusive, maximum rates for a participant:

(i) **[**$191.14 per day**]** *$201.70 per unit* for the regular level of service; or

(ii) **[**$382.30 per day**]** *$403.42 per unit* for the intensive level of service;

(b) Therapeutic integration services: reimbursed at the maximum rate of **[**$11.59 per 30 minutes**]** *$12.23 per unit*;

(c) Intensive therapeutic integration services: reimbursed at the maximum rate of $15.28 per unit;

[(c)**]** *(d)* Intensive individual support services: reimbursed at the maximum rate of **[**$28.99 per hour**]** *$15.28 per unit*;

[(d)**]** *(e)* Respite care: reimbursed at the maximum rate of **[**$22.63 per hour**]** *$11.94 per unit*;

[(e)**]** *(f)* Family **[**training**]** *consultation*: reimbursed at the maximum rate of **[**$95.10 per hour**]** *$50.17 per unit*;

[(f)**]** *(g)* Adult life planning services: reimbursed at the maximum rate of **[**$95.53 per hour**]** *$50.17 per unit*;

[(g)**]** *(h)* (text unchanged)

(3) (text unchanged)

(4) The Program's rates as specified in **[**§D(2)(a)—(f)**]** *§D(2)(a)—(g)* of this regulation shall be effective **[**July 1, 2008 through September 30, 2009. The rates shall be reduced by 2 percent effective October 1, 2009, and the resulting rates shall increase on July 1 of each year beginning July 1, 2010,**]** *January 1, 2015 and shall increase on July 1 of each year*, subject to the limitations of the State budget, by the lesser of:

(a)—(b) (text unchanged)

VAN T. MITCHELL

Secretary of Health and Mental Hygiene