

MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD
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1. Desired date of publication in Maryland Register: 9/16/2016

2. COMAR Codification

Title Subtitle Chapter Regulation

10 21 25 03-2, .05-.13

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator Telephone Number
Michele Phinney 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 Telephone No.
Lisa Fassett 410-402-8449

Email Address
lisa.fassett1@maryland.gov

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, §§2-104, 7.5-205, 10-205, 10-206, [10-901, 15-103, 15-105] and 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 Regulations .03-2, .05—.13 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 increase the reimbursement rate for community behavioral health providers.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact.

The Department is increasing reimbursement rates for certain community-based behavioral health services.

II. Types of Economic Impact.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
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A. On issuing agency:	(E+)	\$8,715,289
(2)	(R+)	\$3,851,490
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+) Cost (-)	Magnitude
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- D. On regulated industries or trade groups: (+) \$8,715,289
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(1). DHMH Behavioral Health Administration will pay \$8,715,289 more in reimbursement rates to participating providers. Medical Federal Fund Participation is \$3,851,490 and General Funds is \$4,863,799.

A(2). See A.(1) above.

D. See A.(1) above.

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, or fax to 410-767-6483. Comments will be accepted through October 17, 2016. A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2017

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:

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 rate changes typically have more than 50 employees. Therefore, they are not considered small businesses.
G. Small Business Worksheet:

Attached Document:

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, §§2-104, 7.5-205, 10-205, 10-206, [10-901, 15-103, 15-105] and Title 16, Subtitles 1 and 2,
Annotated Code of Maryland

10.21.25.03-2 (May 27, 2016)

.03-2 Supplemental Rates.

A. Providers who billed for *evaluation and management* services rendered from [July 1, 2013] *May 1, 2016* until the effective date of these regulations may resubmit their claims and be reimbursed for these services as set forth in Regulations .05—[.12] .13 of this chapter;

B. *Except as provided in §A of this regulation, providers who billed for services rendered from July 1, 2016 until the effective date of these regulations may resubmit their claims and be reimbursed for these services as set forth in Regulations .05—.13 of this chapter.*

.05 Fee Schedule – Treatment Services – Diagnosis and Therapy.

A. Diagnostic Interview. The Department shall reimburse a provider for a face-to-face diagnostic interview, as follows:

(1) For a child or adolescent, when rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

- (a) OMHC ... [\$190.23] \$197.91;
- (b) Physician ... [\$151.68] \$154.71;
- (c) Psychologist ... [\$121.08] \$125.97;
- (d) [Other mental health professionals] *Psychiatric Nurse Practitioner* ... [\$106.01] \$108.13;
- (e) *Other mental health professionals* ... \$110.29;

(2) For an adult:

- (a) OMHC ... [\$170.32] \$177.20;
- (b) Physician ... [\$151.68] \$154.71;
- (c) Psychologist ... [\$121.08] \$125.97;
- (d) [Other mental health professionals] *Psychiatric Nurse Practitioner* ... [\$106.01] \$108.13;
- (e) *Other mental health professionals* ... \$110.29.

B. Individual Therapy. The Department shall reimburse a provider for an individual therapy session, as follows:

(1) For a child or adolescent, when rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

- (a) For 30 minutes:
 - (i) OMHC ... [\$59.19] \$61.58;
 - (ii) Physician ... [\$50.05] \$51.05;
 - (iii) Psychologist ... [\$40.09] \$41.71;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$34.98] \$35.68;
 - (v) *Other mental health professional* ... \$36.39;

- (b) For 20—30 minutes, with biofeedback training:
 - (i) OMHC ... [\$50.05] \$61.58;
 - (ii) Physician ... [\$50.05] \$51.05;
 - (iii) Psychologist ... [\$40.09] \$41.71
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$34.98] \$35.68;
 - (c) For 45 minutes:
 - (i) OMHC ... [\$105.20] \$109.45;
 - (ii) Physician ... [\$90.94] \$92.76;
 - (iii) Psychologist ... [\$72.65] \$75.58;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$63.77] \$65.05;
 - (v) *Other mental health professional* ... \$66.35;
 - (d) For 45—50 minutes, with biofeedback training:
 - (i) OMHC ... [\$90.94] \$109.45;
 - (ii) Physician ... [\$90.94] \$92.76;
 - (iii) Psychologist ... [\$72.65] \$75.58;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$63.77] \$65.05;
 - (e) For 60 minutes in an OMHC ... [\$105.20] \$109.45;
- (2) For an adult:
- (a) For 30 minutes:
 - (i) OMHC ... [\$50.05] \$52.07;
 - (ii) Physician ... [\$50.95] \$51.05;
 - (iii) Psychologist ... [\$40.09] \$41.71;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$34.98] \$35.68;
 - (v) *Other mental health professional* ... \$36.39;
 - (b) For 20—30 minutes, with biofeedback training:
 - (i) OMHC ... [\$50.05] \$52.07;
 - (ii) Physician ... [\$50.05] \$51.05;
 - (iii) Psychologist ... [\$40.09] \$41.71;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$34.98] \$35.68;
 - (c) For 45 minutes:
 - (i) OMHC ... [\$90.94] \$94.62;
 - (ii) Physician ... [\$90.94] \$92.76;
 - (iii) Psychologist ... [\$72.65] \$75.58;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$63.77] \$65.05;
 - (v) *Other mental health professional* ... \$66.35;
 - (d) For 45—50 minutes, with biofeedback training:
 - (i) OMHC ... [\$90.94] \$94.62;
 - (ii) Physician ... [\$90.94] \$92.76;
 - (iii) Psychologist ... [\$72.65] \$75.58;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$63.77] \$65.05;
 - (e) For 60 minutes in an OMHC ... [\$90.94] \$94.62.

C. Family Therapy. The Department shall reimburse a provider for a family therapy session, as follows:

(1) When the identified patient is a child or adolescent and the service is rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

- (a) Without the identified patient:
 - (i) OMHC ... [\$104.13] \$108.33;
 - (ii) Physician ... [\$85.02] \$86.72;
 - (iii) Psychologist ... [\$69.96] \$72.79;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$53.81] \$54.89;
 - (v) *Other mental health professional* ... \$55.99;
- (b) With the identified patient, for 20—30 minutes:
 - (i) OMHC ... [\$58.65] \$61.02;
 - (ii) Physician ... [\$58.65] \$59.82;
 - (iii) Psychologist ... [\$46.82] \$48.72;
 - (iv) [Other mental health professional ... \$41.17] *Psychiatric Nurse Practitioner* ... \$41.99;
 - (v) *Other mental health professional* ... \$42.83;
- (c) With the identified patient, for 45—60 minutes:
 - (i) OMHC ... [\$107.62] \$111.97;
 - (ii) Physician ... [\$94.71] \$96.60;
 - (iii) Psychologist ... [\$76.41] \$79.50;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner*... [\$65.64] \$66.95;
 - (v) *Other mental health professional* ... \$68.29;

- (2) When the identified patient is an adult:
 - (a) Without the identified patient for 45—60:
 - (i) OMHC ... [\$90.14] \$93.78;
 - (ii) Physician ... [\$85.02] \$86.72;
 - (iii) Psychologist ... [\$69.96] \$72.79;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$53.81] \$54.89;
 - (v) *Other mental health professional* ... \$55.99;
 - (b) With the identified patient, for 45—60 minutes:
 - (i) OMHC ... [\$94.71] \$98.53;
 - (ii) Physician ... [\$94.71] \$96.60;
 - (iii) Psychologist ... [\$76.41] \$79.50;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$65.64] \$66.95;
 - (v) *Other mental health professionals* ... \$68.29.

D. Group Therapy. The Department shall reimburse a provider for each individual, up to a maximum of 10, in a group therapy session as follows:

(1) When the identified patient is a child or adolescent and the service is rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

- (a) For 45—60 minutes:
 - (i) OMHC ... [\$40.90] \$42.55;
 - (ii) Physician ... [\$24.75] \$25.25;
 - (iii) Psychologist ... [\$24.75] \$25.76;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$24.75] \$25.25;
 - (v) *Other mental health professionals* ... \$25.76;
- (b) For more than 75 minutes in an OMHC ... [\$50.58] \$52.62;

(2) When the identified patient is an adult:

- (a) For 45—60 minutes:
 - (i) OMHC ... [\$38.74] \$40.30;
 - (ii) Physician ... [\$24.75] \$25.25;
 - (iii) Psychologist ... [\$24.75] \$25.76;
 - (iv) [Other mental health professional] *Psychiatric Nurse Practitioner* ... [\$24.75] \$25.25;
 - (v) *Other mental health professional* ... \$25.76;
- (b) For more than 75 minutes in an OMHC ... [\$50.58] \$52.62.

.06 Fee Schedule – Additional Treatment Services.

A. Psychological Testing. The Department shall reimburse a psychologist for conducting psychological testing, up to a maximum of 8 hours per year per individual as follows:

- (1) OMHC psychologist ... [\$99.02] \$103.02 per hour;
- (2) Other psychologist ... [\$99.02] \$103.02 per hour;
- (3) OMHC psychologist associate ... [\$27.55] \$28.66 per hour;
- (4) Other psychologist associate ... [\$27.55] \$28.66 per hour.

B. Occupational Therapy. The Department shall reimburse an occupational therapist for providing services, as follows:

- (1) To an individual, payable in 15-minute increments, for face-to-face:
 - (a) Therapeutic activities ... [\$11.83] \$12.31 per 15 minutes;
 - (b) Self-care, home management training ... [\$11.83] \$12.31 per 15 minutes;
 - (c) Community and work reintegration ... [\$11.83] \$12.31 per 15 minutes;
 - (d) Development of cognitive skills ... [\$11.83] \$12.31 per 15 minutes;
 - (e) Occupational therapy evaluation and re-evaluation ... [\$15.07] \$15.68 per 15 minutes;
- (2) For each individual, [up to a maximum of 10] *two or more*, in a group therapy session of a minimum of 60 minutes ... [\$18.30] \$19.04.

C. Physician Services. The Department shall reimburse for services rendered to a child, adolescent, or adult, by an appropriately privileged physician or certified registered nurse practitioner — psychiatric only, as follows:

- (1) The patient's primary care physician in an inpatient or partial hospital setting:
 - (a) Initial care:
 - (i) For a minimum of 30 minutes ... [\$108.43] \$99.19;
 - (ii) For a minimum of 50 minutes ... [\$147.19] \$133.70;
 - (iii) For a minimum of 70 minutes ... [\$216.47] \$197.73;
 - (b) Subsequent care:
 - (i) For a minimum of 15 minutes ... [\$41.71] \$38.42;
 - (ii) For a minimum of 25 minutes ... [\$76.73] \$70.22;
 - (iii) For a minimum of 35 minutes ... [\$110.63] \$101.39;
 - (c) Discharge day management:

- (i) For 30 minutes or less ... [~~\$77.68~~] *\$70.82*;
 - (ii) For more than 30 minutes ... [~~\$114.63~~] *\$104.83*;
 - (d) For discharge data submission ... [~~\$21.53~~] *\$21.96*;
 - (e) (text unchanged);
- (2) The patient's primary certified registered nurse practitioner — psychiatric, in an inpatient or partial hospital setting:
- (a) Initial care:
 - (i) For a minimum of 30 minutes ... [~~\$108.43~~] *\$99.19*;
 - (ii) For a minimum of 50 minutes ... [~~\$147.19~~] *\$133.70*;
 - (iii) For a minimum of 70 minutes ... [~~\$216.47~~] *\$197.73*;
 - (b) Subsequent care:
 - (i) For a minimum of 15 minutes ... [~~\$41.71~~] *\$38.42*;
 - (ii) For a minimum of 25 minutes ... [~~\$76.73~~] *\$70.22*;
 - (iii) For a minimum of 35 minutes ... [~~\$110.63~~] *\$101.39*;
 - (c) Discharge day management:
 - (i) For 30 minutes or less ... [~~\$77.68~~] *\$70.82*;
 - (ii) For more than 30 minutes ... [~~\$114.63~~] *\$104.83*;
 - (d) For individual therapy, in an inpatient setting:
 - (i) For 30 minutes ... [~~\$30.65~~] *\$43.78*;
 - (ii) For 45 minutes ... [~~\$57.61~~] *\$82.30*;
- (3) For electroconvulsive therapy, in an inpatient setting:
- (a) Including monitoring ... [~~\$98.39~~] *\$100.36*;
 - (b) Anesthesia ... [~~\$98.27~~] *\$100.24*;
- (4) A consultant physician, or a consultant certified registered nurse practitioner — psychiatric, in an inpatient or partial hospital setting, initial consult, for a minimum of:
- (a) 20 minutes ... [~~\$51.66~~] *\$47.59*;
 - (b) 40 minutes ... [~~\$79.60~~] *\$72.84*;
 - (c) 55 minutes ... [~~\$121.30~~] *\$111.90*;
 - (d) 80 minutes ... [~~\$174.86~~] *\$162.70*;
 - (e) 110 minutes ... [~~\$217.80~~] *\$196.16*;
- (5) A consultant physician or a consultant certified registered nurse practitioner — psychiatric, in an outpatient setting:
- (a) For a minimum of 15 minutes ... [~~\$51.49~~] *\$46.97*;
 - (b) For a minimum of 30 minutes ... [~~\$96.74~~] *\$88.02*;
 - (c) For a minimum of 40 minutes ... [~~\$131.91~~] *\$120.39*;
 - (d) For a minimum of 60 minutes ... [~~\$194.98~~] *\$179.59*;
 - (e) For a minimum of 80 minutes ... [~~\$237.73~~] *\$218.71*[;].

.07 Fee Schedule – Special OMHC Services.

A. Treatment Planning. The Department shall reimburse an OMHC for providing an OMHC-enrolled individual with one face-to-face treatment planning meeting every 6 months, at the rate of [~~\$82.87~~] *\$84.53* per planning meeting.

B. Multifamily Group Therapy. The Department shall reimburse an OMHC for providing multifamily group therapy, with the identified patient, for families of:

- (1) Children and adolescents, for 45—60 minutes, with the child present ... [~~\$41.98~~] *\$43.68* per family;
- (2) Children and adolescents, for 20—30 minutes, with the child present ... [~~\$38.55~~] *\$40.11* per family;
- (3) Adults, for 45—60 minutes, with the adult present ... [~~\$39.83~~] *\$41.44* per family;
- (4) Adults, for 20—30 minutes, with the adult present ... [~~\$35.75~~] *\$37.20* per family;

C. Family Psychoeducation. The Department shall reimburse a provider, when the provider has been approved by the Administration to provide evidence-based services, for a family psychoeducation session with or without the identified adult, at a rate of [~~\$53.81~~] *\$55.99* per family.

D. Prolonged Services. The Department shall reimburse an OMHC for providing, on-site, prolonged services, face-to-face with the identified patient, as follows:

- (1) For 30—74 minutes ... [~~\$106.79~~] *\$99.37*;
- (2) For an additional period of 30 minutes ... [~~\$104.10~~] *\$96.43*.

E. Venipuncture and Injection. The Department shall reimburse an OMHC for providing:

- (1) Routine venipuncture ... [~~\$14.94~~] *\$15.54*;
- (2) Therapeutic injection ... [~~\$14.94~~] *\$15.54*.

F. Intensive Outpatient Services. The Department shall reimburse an OMHC for providing intensive outpatient services, when the services are delivered by a multidisciplinary team for a minimum of 3 hours of therapeutic activities, including needed physician services and at least two group therapies, as follows:

- (1) For children or adolescents ... [~~\$154.17~~] *\$160.40* per day;
- (2) For adults ... [~~\$129.69~~] *\$134.93* per day.

G. Discharge Data Submission. The Department shall reimburse an OMHC [~~\$21.53~~] *\$22.40* for discharge data submission.

.08 Fee Schedule – Treatment Services – Programs.

A. Therapeutic Nursery Programs. The Department shall reimburse a program approved under COMAR 10.21.18 to provide therapeutic nursery services to eligible children, younger than 5 years old, at a rate of [~~\$42.20~~] *\$43.90* per day, for a minimum of 3 days per week, 3 hours per day.

B. Mobile Treatment Services. The Department shall reimburse a program for mobile treatment services delivered to an individual:

(1) (text unchanged)

(2) At the rate of:

(a) [~~\$839.45~~] *\$873.36* per month; or

(b) If the individual is a Medicare recipient, [~~\$643.58~~] *\$669.58* per month, if the program has:

(i) Delivered services according to the provision of [~~§A(1)~~] *§B(1)* of this regulation; and

(ii) (text unchanged)

(3) For enhanced support, when the need for short-term one-to-one support is documented and approved by the Administration or its designee:

(a) At the rate of [~~\$12.91~~] *\$13.43* per hour;

(b) Up to a maximum of [~~\$129.10~~] *\$134.30* per day;

(c) Not to exceed 30 days per calendar year.

(4) For evidence-based programs, assertive community treatment (ACT), at the rate of:

(a) For Medicaid recipients and other individuals meeting eligibility criteria for uninsured, [~~\$1,183.34~~] *\$1,231.67* per month; or

(b) If the individual has Medicare only, [~~\$1,049.31~~] *\$1,091.71* per month.

C. Partial Hospitalization. For programs approved under COMAR 10.21.02, the Department shall reimburse:

(1) A non-hospital-based partial hospitalization (psychiatric day treatment) program, for services provided to an eligible Medicaid recipient:

(a) For a full day, a minimum of 6.5 hours of therapeutic activities per day ... [~~\$203.68~~] *\$211.91* per day;

(b) For a half day, or intensive, outpatient services, when the services are delivered by a multidisciplinary team, for a minimum of 4 hours of therapeutic activities, including at least two group therapies ... [~~\$110.85~~] *\$115.33* per day;

(2) (text unchanged)

(3) OMHC, for intensive outpatient services provided to a Medicaid recipient in a psychiatric day treatment program:

(a) For adults ... [~~\$129.69~~] *\$134.93*;

(b) For children and adolescents ... [~~\$154.17~~] *\$160.40*; and

(4) For physician services, at the rates established under Regulation [~~.06D~~] *.06C* of this chapter.

D. (text unchanged)

E. Residential Crisis Services. The Department shall reimburse a provider for residential crisis services delivered to an individual, as follows:

(1) As an alternative to inpatient admission or to shorten the length of inpatient stay:

(a) For clinical services ... [~~\$252.34~~] *\$262.54* per day;

(b) For room and board ... [~~\$12.59~~] *\$13.10* per day;

(2) Treatment foster care ... [~~\$162.25~~] *\$168.81* per day; and

(3) For physician services, at the rates established for services rendered to an individual in an inpatient setting under Regulation [~~.05D~~] *.05B* of this chapter.

.09 Fee Schedule – Support Services.

A. Psychiatric Rehabilitation Program (PRP) Services. The Department shall reimburse a PRP for providing face-to-face rehabilitation services to an individual with a serious emotional disturbance (SED) or serious and persistent mental disorder (SPMD), by a monthly rate that is based on a minimum and maximum range of services, when the PRP submits monthly supporting encounter data after services are provided to the individual, within which the provider shall meet the needs of the individual, as follows:

(1) Assessment ... [~~\$61.62~~] *\$64.11*;

(2) PRP services to an employed individual in a supported employment program, delivered at the job site, at a rate of [~~\$107.62~~] *\$111.97* per month, for:

(a)—(d) (text unchanged)

B. Additional PRP Services. In addition to the services outlined in §A of this regulation, the Department shall reimburse a PRP for providing face-to-face rehabilitation services to an individual with SED or SPMD by a monthly rate that is based on a minimum and maximum range of services, within which the provider shall meet the needs of the individual, as follows:

(1) PRP Community Psychiatric Support Services delivered to an individual with an SED or an SPMD, whose functioning is severely impaired, and who is living with a parent, guardian, or relative who is legally responsible for the individual's care, as follows:

(a) When on-site and off-site services are delivered to an individual by one PRP, [\$426.99] \$444.24 per month for:

(i)—(iv) (text unchanged)

(b) When on-site and off-site services are delivered to an individual by two PRPs, a PRP may receive reimbursement for either on-site or off-site services, but not both, as follows:

(i) On-site services, at a rate of [\$183.22] \$190.62 per month, for a minimum of two services and a maximum of 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site services, at a rate of [\$243.76] \$253.61 per month, for a minimum of two services and a maximum of 30 services per month, at a minimum of 15 minutes per service; and

(iii) (text unchanged)

(2) PRP supported living for services delivered to an individual with an SED or an SPMD, whose functioning is severely impaired, and who is living independently or with individuals who are not legally responsible for their care, as follows:

(a) When services are delivered to an individual by one PRP, [\$760.88] \$791.62 per month as follows:

(i)—(iv) (text unchanged)

(b) When on-site and off-site services are delivered to an individual by two PRPs, a PRP may receive reimbursement for either on-site or off-site services, but not both, as follows:

(i) On-site services, at a rate of [\$259.37] \$269.85 per month, for a minimum of three services and a maximum of 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site services, at a rate of [\$501.51] \$521.77 per month, for a minimum of five services and a maximum of 30 services per month and a minimum of 15 minutes per service; and

(iii) (text unchanged)

(3) PRP services delivered to individuals in residential rehabilitation programs (RRPs) as follows:

(a) General support:

(i) On-site, at a rate of [\$447.70] \$465.78 per month, for a minimum of four services, up to 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site, at a rate of [\$1,202.13] \$1,250.69 per month, for a minimum of 13 services, up to 30 services per month, at a minimum of 15 minutes per service; or

(iii) Any combination of on-site or off-site PRP services, at a rate of [\$1,649.83] \$1,716.49 per month, for a minimum of 17 services, up to 30 services per month, at a minimum of 30 minutes per service; or

(b) Intensive support:

(i) On-site, at a rate of [\$447.70] \$465.78 per month, for a minimum of four services, up to 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site, at a rate of [\$3,123.17] \$3,249.34 per month, for a minimum of 19 services, up to 30 services per month, at a minimum of 15 minutes per service; or

(iii) Any combination of on-site or off-site PRP services, at a rate of [\$3,570.87] \$3,715.14 per month, for a minimum of 23 services, up to 30 services per month, at a minimum of 30 minutes per service; or

(4) PRP services delivered to individuals when transitioning from inpatient level of care to the community, any combination of on-site or off-site PRP services, at a rate of [\$447.70] \$465.78 per month, for a minimum of 4 services, up to 30 services per month, at a minimum of 60 minutes per service.

C. RRP Services. The Department shall reimburse an RRP for providing services to an individual with a serious and persistent mental disorder and whose functioning is severely impaired, as follows:

(1) Room and board ... [\$12.59] \$13.10 per day;

(2) (text unchanged)

D. Mental Health Vocational Programs (MHVP). The Department shall reimburse a program that is approved for mental health vocational services for providing supported employment services to an individual with a mental disorder:

(1)—(2) (text unchanged)

(3) At the following rates, per individual approved for supported employment services:

(a) Completion of vocational assessment, individual supported employment plan, referral to DORS, and education regarding entitlements and work incentives, not more than three times per year ... [\$430.49] \$447.88;

(b) Job placement of the individual, not more than three times per year ... [\$1,075.14] \$1,118.57;

(c) Intensive job coaching, if not otherwise reimbursed, at a maximum of [\$7.40] \$7.70 per 15 minutes, up to a lifetime maximum of \$2,750 per individual; and

(d) Extended MHVP support ... [\$349.77] \$363.91 per month.

E. Mental Health Vocational Programs — Evidence-Based Programs. The Department shall reimburse an MHVP evidence-based program:

(1)—(2) (text unchanged)

(3) At the following rates, per individual approved for supported employment services:

- (a) Completion of vocational assessment, individual supported employment plan, referral to DORS, and education regarding entitlements and work incentives not more than three times per year ... [\$430.49] \$447.88;
- (b) Job placement of the individual not more than three times per year ... [\$1,075.14] \$1,118.57;
- (c) Intensive job coaching, if not otherwise reimbursed, at a maximum of [\$7.40] \$7.70 per 15 minutes, up to a lifetime maximum of \$2,750.00 per individual;
- (d) Clinical service coordination at a rate of [\$107.62] \$111.97 per month that is documented and includes, with the individual's consent, at a minimum:
 - (i)—(ii) (text unchanged)
- (e) Extended PRP support to an individual in a supported employment program at a rate of [\$430.49] \$447.88 per month for:
 - (i)—(iv) (text unchanged)

F. Respite Care. The Department shall reimburse a program that is approved for respite care for providing services to a child or adolescent with a serious emotional disturbance, whose functioning is severely impaired, or an adult with a serious and persistent mental disorder, whose functioning is severely impaired, as follows:

(1) For children:

- (a) General support in a facility ... [\$174.34] \$181.39 per day; or
- (b) In-home respite, when the need for short-term, one-to-one support is documented or for in-home respite and approved by the CSA up to a maximum of 10 hours per day at a rate of ... [\$3.49] \$3.63 per 15 minutes;

(2) For adults, general support in a residential rehabilitation program ... [\$75.61] \$78.66 per day.

G. Enhanced Support. When the need for short-term, one-to-one support is documented and approved by the CSA, the Department shall reimburse an OMHC, PRP, RRP, or MTS for providing services to a child or adolescent with an SED or an adult with an SPMD, and whose functioning is seriously impaired, at the rate of [\$12.91] \$13.43 per hour up to a maximum of [\$129.10] \$134.30 per day, not to exceed 30 days per year.

H. Therapeutic Behavioral Services. The Department shall reimburse a therapeutic behavioral services provider, as defined in COMAR 10.09.34, as follows:

- (1) One-to-one behavioral aide services to a child or adolescent ... [\$5.39] \$5.61 per 15 minutes;
- (2) Initial assessment and development of a behavioral plan ... [\$105.51] \$109.80;
- (3) Reassessment and development of a new behavioral plan ... [\$99.18] \$103.24.

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 an adult with a serious and persistent mental health disorder as follows:

(1) Assessment ... [\$108.61] \$113.00; and

(2) Case Management Service units, for a minimum of 60 minutes of face-to-face and non-face-to-face case management service at a rate of [\$108.61] \$113.00 per day for:

- (a) (text unchanged)
- (b) Intensive level up to 5 units per month; and

(3) When an individual is referred to case management by the Administration or its designee, and is transitioning from an institute for mental disease or hospital, one transitional visit at a rate of \$159.55].

J. (text unchanged);

.10 Fee Schedule – Services – Traumatic Brain Injury (TBI) Waiver Program.

A. Residential Habilitation Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide residential habilitation services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

- (a) Level I ... [\$192.76] \$200.55 per day;
- (b) Level II ... [\$255.24] \$265.55 per day;
- (c) Level III ... [\$353.11] \$367.37 per day;

(2)—(3) (text unchanged)

B. Day Habilitation Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide day habilitation services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

- (a) Level I ... [\$49.76] \$51.78 per day;
- (b) Level II ... [\$86.81] \$90.32 per day;
- (c) Level III ... [\$122.14] \$127.07 per day;

(2)—(3) (text unchanged)

C. Supported Employment Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide supported employment services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

- (a) Level I ... [\$29.53] \$30.72 per day;
- (b) Level II ... [\$49.76] \$51.78 per day;
- (c) Level III ... [\$122.14] \$127.07 per day;

(2)—(3) (text unchanged)

D. Individual Support Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide individual support services, as defined in COMAR 10.22.07, to an individual who is enrolled in the TBI Waiver Program at a rate of [\$24.14] \$25.11 per hour, not to exceed 8 hours per day.

10.21.25.11

.11 Fee Schedule — Services — Emergency Department.

The Department shall reimburse an emergency department for providing emergency mental health services to an individual who is enrolled in the public mental health system, for services rendered by an appropriately privileged physician or certified registered nurse practitioner—psychiatric as follows:

A. For a problem focused history, a problem focused examination, and straightforward medical decision making ... [\$22.27] \$20.69;

B. For an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity ... [\$43.80] \$40.35;

C. For an expanded problem focused history, an expanded problem focused examination, and medical decision making of moderate complexity ... [\$65.29] \$60.30;

D. For a detailed history, a detailed examination, and medical decision making of moderate complexity ... [\$124.63] \$114.36;

E. For a comprehensive history, a comprehensive examination, and medical decision making of high complexity ... [\$182.80] \$168.77.

10.21.25.12

.12 Evaluation and Management Services — Including Medication Management.

A. New Patients. The Department shall reimburse for evaluation and management services for new patients, including medication management:

(1) For a problem focused history, or a problem focused examination, and straightforward medical decision making of minor complexity:

(a) OMHC ... [\$48.70] \$43.41;

(b) Physician ... [\$48.70] \$43.41;

(c) Certified registered nurse practitioner—psychiatric ... [\$48.70] \$43.41;

(2) For an expanded problem focused history, or an expanded problem focused examination, and straightforward medical decision making:

(a) OMHC ... [\$82.48] \$73.84;

(b) Physician ... [\$82.48] \$73.84;

(c) Certified registered nurse practitioner—psychiatric ... [\$82.48] \$73.84;

(3) For a detailed history, or a detailed examination, and medical decision of low complexity:

(a) OMHC ... [\$119.25] \$106.80;

(b) Physician ... [\$119.25] \$106.80;

(c) Certified registered nurse practitioner—psychiatric ... [\$119.25] \$106.80;

(4) For a comprehensive history, or a comprehensive medical examination, with medical decision making of moderate complexity:

(a) OMHC ... [\$181.64] \$162.35;

(b) Physician ... [\$181.64] \$162.35;

(c) Certified registered nurse practitioner—psychiatric ... [\$181.64] \$162.35;

(5) For a comprehensive history, or a comprehensive medical examination, with medical decision making of high complexity:

(a) OMHC ... [\$224.53] \$203.38;

(b) Physician ... [\$224.53] \$203.38;

(c) Certified registered nurse practitioner—psychiatric ... [\$224.53] \$203.38.

B. Established Patients. The Department shall reimburse for evaluation and management services for established patients, including medication management:

(1) For a history, or examination, where presenting problems are minimal, and straightforward medical decision making of minor complexity:

(a) OMHC ... [\$22.72] \$19.82;

(b) Physician ... [\$22.72] \$19.82;

(c) Certified registered nurse practitioner—psychiatric ... [\$22.72] \$19.82;

(2) For a problem focused history, or a problem focused examination, and straightforward medical decision making:

(a) OMHC ... [\$48.70] \$43.03;

(b) Physician ... [\$48.70] \$43.03;

(c) Certified registered nurse practitioner—psychiatric ... [\$48.70] \$43.03;

(3) For an expanded history, or an expanded examination, and medical decision of low complexity:

- (a) OMHC ... [\$80.11] *\$71.91*;
- (b) Physician ... [\$80.11] *\$71.91*;
- (c) Certified registered nurse practitioner—psychiatric ... [\$80.11] *\$71.91*;
- (4) For a detailed history, or a detailed medical examination, with medical decision making of moderate complexity:
 - (a) OMHC ... [\$117.60] *\$105.75*;
 - (b) Physician ... [\$117.60] *\$105.75*;
 - (c) Certified registered nurse practitioner—psychiatric ... [\$117.60] *\$105.75*;
- (5) For a comprehensive history, or a comprehensive medical examination, with medical decision making of high complexity:
 - (a) OMHC ... [\$157.64] *\$142.34*;
 - (b) Physician ... [\$157.64] *\$142.34*;
 - (c) Certified registered nurse practitioner—psychiatric ... [\$157.64] *\$142.34*.

.13 Crisis Therapy.

The Department shall reimburse an OMHC for crisis therapy, as follows:

A. For a child or adolescent, when rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

- (1) For the first 60 minutes ... [\$118.37] *\$123.15*;
- (2) For an additional period of 30 minutes ... [\$61.77] *\$64.27*;

B. For an adult:

- (1) For the first 60 minutes ... [\$100.10] *\$104.14*;
- (2) For an additional period of 30 minutes ... [\$54.16] *\$56.34*.

VAN T. MITCHELL

Secretary of Health and Mental Hygiene