10.09.79.00

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

Chapter 79 Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver

Authority: Health-General Article, §§2-104(b), 10-901, 15-103, 15-130.1, and 16-201, Annotated Code of Maryland

10.09.79.01

.01 Scope.

The purpose of this chapter is to implement a home and community-based services waiver for children and youth 6 through 21 years old who, absent the waiver, would require placement in a PRTF. Waiver participants are served by care management entities through a wraparound service delivery model that utilizes child and family teams to create and implement individualized plans of care that are driven by the strengths and needs of the participants and their families.

10.09.79.02

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Administrative services organization (ASO)" has the meaning stated in COMAR 10.09.62.01.

(2) "Care coordinator" means an individual employed through the care management entity who is responsible for providing care management services to waiver participants and families, including, but not limited to, coordination of child and family team meetings and completion of the initial and revised plan of care.

(3) "Caregiver" means an individual with responsibility for 24-hour care and supervision of a minor.

(4) "Caregiver peer-to-peer support" means peer-to-peer support provided to a participant's family member through a family support organization.

(5) "Care management entity (CME)" means an entity contracted with the State, which is responsible for providing care coordination to waiver participants and their families.

(6) "Child and family team (CFT)" means a team of individuals selected by the participant and family to work with them to design and implement the plan of care.

(7) "Core service agency (CSA)" has the meaning stated in COMAR 10.21.17.

(8) "Crisis plan" means a plan created by a CFT, which is included as part of the plan of care.

(9) "Crisis and stabilization services" means services available 24 hours per day, 7 days per week that assist in stabilizing children in crisis.

(10) "Department" means the Maryland Department of Health and Mental Hygiene or its designee.

(11) "Department of Human Resources (DHR)" has the meaning stated in Human Services Article, Title 2, Annotated Code of Maryland.

(12) "Department of Public Safety and Correctional Services (DPSCS)" has the meaning stated in Correctional Services Article, Title 2, Annotated Code of Maryland.

(13) "Expressive and experiential behavioral services" mean the use of art, dance, music, equines, horticulture, or psychodrama/drama to accomplish individualized goals as part of the plan of care.

(14) "Family" means:

(a) One or more parents and children related by blood, marriage, or adoption, and residing in the same household; or

(b) A parent substitute or substitutes, including informal and formal kinship caregivers as set forth in Health-General Article, §20-105, Annotated Code of Maryland, and Education Article, §7-101, Annotated Code of Maryland, or legal guardians, who have responsibility for the 24 hour care and supervision of a child.

(15) "Family and youth training" means group or individual training with an MHA-approved curriculum that promotes usable learning and skills development for the participants or their families, or both, to continue to be served effectively in the community.

(16) "Family support organization" means an approved entity under COMAR 10.21.10.

(17) "Family support partner" means an individual providing caregiver peer-to-peer support services.

(18) "Local departments of social services (DSS)" has the meaning stated in Human Services Article, Title 3, Annotated Code of Maryland.

(19) "Local management board (LMB)" has the meaning stated in Human Services Article, Title 3, Annotated Code of Maryland.

(20) "Maryland Children's Health Program (MCHP)" has the meaning stated in COMAR 10.09.43.

(21) "Medical Assistance Program" has the meaning stated in COMAR 10.09.36 and is charged with oversight of the PRTF waiver.

(22) "Mental health professional" has the meaning stated in COMAR 10.21.17.02.

(23) "Mental Hygiene Administration (MHA)" means the Department's administration as defined by Health-General Article, Title 10, Annotated Code of Maryland, or its designee.

(24) "Natural support" means a family member, friend, or community member, or organization selected by the participant or family, or both, to participate on the CFT.

(25) "Participant" means an individual who meets the qualifications, as specified in Regulation .03 of this chapter, for waiver eligibility.

(26) "Peer-to-peer support" means a service as described in Regulation .06B(1) and (2) of this chapter.

(27) "Plan of care (POC)" means a written document that is:

(a) Developed by the CFT that describes the services to be provided to the participant; and

(b) Approved by MHA in accordance with 42 CFR §441.301.

(28) "Program" means the Maryland Medical Assistance Program.

(29) "Provider" means an individual or entity that has enrolled with the Program to provide one or more waiver services covered under this chapter.

(30) "Psychiatric residential treatment facility (PRTF)" means a residential treatment center as defined in 42 CFR §440.160.

(31) "Psychiatric residential treatment facility (PRTF) level of care" means the Program's level of care determination of medical necessity for an individual to be served in a residential treatment center.

(32) "Public mental health system" means the system for the delivery of mental health treatment and supports to eligible individuals as described in COMAR 10.09.70.

(33) "Residential treatment center" has the meaning stated in Health-General Article, §19-301, Annotated Code of Maryland.

(34) "Room and board" means rent or mortgage, utilities, maintenance, furnishings, and food provided in or associated with an individual's place of residence.

(35) "Respite care" has the meaning stated in COMAR 10.21.27.

(36) "Serious emotional disturbance" has the meaning stated in COMAR 10.21.17.

(37) "Serious mental illness" has the meaning stated in COMAR 10.21.17.

(38) "Service area" means:

(a) Montgomery, St. Mary's, and Wicomico counties and Baltimore City, where waiver services are available; and

(b) Other jurisdictions which may be included if approved by the Program.

(39) "State Plan" means the Plan described in §1902(a) of Title XIX of the Social Security Act.

(40) "Supplemental Security Income (SSI)" means a federally administered program providing benefits to needy aged, blind, and disabled individuals under Title XVI of the Social Security Act, 42 U.S.C. §1381 et seq.

(41) "Wraparound" means a service delivery model that includes a collaborative process in which the CFT assists in the development and implementation of an individualized plan of care that includes specified outcomes.

(42) "Youth peer-to-peer support" means peer-to-peer support provided to a participant by an individual 18 through 26 years old who has or had emotional or behavioral, or both, health challenges.

(43) "Youth support partner" means an individual providing youth peer-to-peer support.

10.09.79.03

.03 Participant Eligibility.

A. Technical Eligibility. For an applicant to be technically eligible for a waiver:

(1) There shall be an available slot to serve the applicant in the waiver;

(2) The applicant, family, or medical guardian shall elect to participate in the PRTF waiver as follows:

(a) If the applicant is younger than 18 years old, the family or medical guardian shall consent to participate;

(b) If the applicant is 18 years old or older, the applicant shall consent to participate;

(3) The applicant shall:

(a) Be 6 years old or older and eligible to receive services for at least 1 year before reaching the applicable age limitation specified in §B of this regulation; and

(b) Be a resident in a service area where PRTF waiver services are available at the time of application, as defined by:

(i) The jurisdiction in which the applicant would be eligible for local school system enrollment as set forth in Education Article, §7-101, Annotated Code of Maryland; or

(ii) The custody status of the applicant and whether the applicant is receiving services from the local public agency in a PRTF waiver service area;

(4) The applicant may not be served in another home and community-based services waiver under §1915(c) of the Social Security Act; and

(5) The total anticipated costs to serve the youth in the community may not exceed 110 percent of the average cost of care in a PRTF.

B. Medical Eligibility. To be medically eligible, the applicant shall be:

(1) Younger than 18 years old, but not younger than 6 years old, with serious emotional disturbance, or a youth 18 through 21 years old with serious mental illness;

(2) Certified as requiring PRTF level of care; and

(3) Able to be treated safely in the community under a POC.

C. Medical Assistance Eligibility.

(1) Categorically Needy. An applicant is eligible for PRTF waiver services if the applicant is eligible for Medicaid or Maryland Children's Health Program (MCHP) in accordance with COMAR 10.09.24 or 10.09.11.

(2) Optionally Categorically Needy.

(a) An applicant is eligible for PRTF waiver services as optionally categorically needy in accordance with 42 CFR §435.217 if the individual's:

(i) Countable income does not exceed 300 percent of the applicable payment rate for Supplemental Security Income (SSI); and

(ii) Countable resources do not exceed the SSI resource standard for one.

(b) For the purpose of determining financial eligibility for the optionally categorically needy, the individual is treated as an assistance unit of one.

(c) For the purpose of determining countable income and resources for the optionally categorically needy, income is determined based on the income regulations set forth in COMAR 10.09.24 which are applicable to aged, blind, or disabled individuals who are institutionalized, with the exceptions specified in §C(4) of this regulation.

(3) An individual is not eligible to receive PRTF waiver services if a disposal of assets or establishment of a trust or annuity results in a penalty under COMAR 10.09.24, until the penalty period expires.

(4) All provisions of COMAR 10.09.24 which are applicable to aged, blind, or disabled institutionalized individuals are applicable to PRTF waiver applicants and participants, with the following exceptions:

(a) COMAR 10.09.24.04J(1), (2), and (3);

(b) COMAR 10.09.24.04K;

(c) COMAR 10.09.24.06B(2)(a)(ii);

(d) COMAR 10.09.24.08G(1);

(e) COMAR 10.09.24.08H;

(f) COMAR 10.09.24.09;

(g) COMAR 10.09.24.10; and

(h) COMAR 10.09.24.10-1.

(5) Post Eligibility Determination of Available Income. The participant's or parents' income may not be applied toward the costs of the participant's:

(a) PRTF waiver services; or

(b) Room and board in a residential habilitation facility.

D. Waiver Eligibility. Based on the criteria established in §§A—C of this regulation:

(1) An applicant's eligibility for services under this regulation shall be established by the Department;

(2) There is no retroactive eligibility;

(3) Waiver eligibility may not begin before the latest of the following five dates:

(a) Waiver application date;

(b) Effective date of medical certification for PRTF level of care;

(c) Date that the applicant's written waiver plan of care is established, which shall include at least one waiver service and may be a provisional plan for not more than the first 60 days of waiver enrollment;

(d) Date that the applicant, family, or medical guardian signed a form designated by the Department to indicate the choice of waiver services as an alternative to institutionalization; or

(e) Date of the applicant's discharge from a PRTF, if applicable;

(4) The Department shall reevaluate a participant's medical eligibility for waiver services every 12 months, or more frequently due to a significant change in the participant's condition or needs; and

(5) The participant's eligibility shall be terminated as of the effective date established for ineligibility due to the Department confirming that a participant no longer qualifies for waiver services or is no longer utilizing at least one waiver service within a 12-month period in accordance with the requirements at §§A—C of this regulation.

E. The participant may participate for a maximum of 730 days.

F. Annual Cap, Allocation, Priority, and Waiting List for Waiver Participation.

(1) For each federal fiscal year beginning on October 1, the Department shall establish an annual cap, approved by the Centers for Medicare & Medicaid Services, for the number of unduplicated individuals who may receive the services covered under this chapter based on available State and federal funding. This cap may be revised.

(2) Waiver slots shall be allocated as follows:

(a) 50 percent of the waiver slots are reserved for individuals eligible for community Medicaid or MCHP;

(b) 50 percent of the waiver slots are reserved for individuals not in State custody; and

(c) The categories set forth above are not mutually exclusive.

(3) Priority of Enrollment.

(a) At the beginning of the waiver, eligible individuals who are currently being served in wraparound projects in the designated service areas will be given priority to enroll in the waiver.

(b) Thereafter, eligible individuals shall be enrolled in the waiver program on a first-come, first-served basis in accordance with the slot allocation specified in §F(2) of this regulation until the cap on waiver participation is reached.

(4) Once the annual cap on waiver participation or slot allocation is reached:

(a) A waiting list shall be established for the categories set forth in §F(2) of this regulation for individuals interested in applying for waiver services; and

(b) As openings become available and upon notification from the Department, individuals on the waiting list shall have an opportunity to apply for the waiver within the time specified in the notification.

G. Cause for Termination of a Participant's Waiver Enrollment.

(1) A participant shall be disenrolled from the waiver, as of the date established by the Department, if the participant:

(a) No longer meets all of the criteria for waiver eligibility specified in §§A—D of this regulation;

(b) Voluntarily chooses to disenroll from the waiver, or the participant's legal representative chooses to do so on the participant's behalf;

(c) Is inpatient for more than 30 consecutive days in a hospital, psychiatric hospital, nursing facility, intermediate care facility for people with mental retardation or other related conditions, or residential treatment center;

(d) Requires services for which the total costs:

(i) Would exceed 110 percent of the average cost of care in a PRTF;

(ii) Are expected to be required for greater than 6 months; and

(iii) Would therefore jeopardize the overall cost neutrality of the waiver program; or

(e) Moves to a jurisdiction outside of a PRTF waiver service area in accordance with the definition set forth in Regulation .02 of this chapter, and services are not available.

(2) Reentering the Waiver. If a participant is discharged from the waiver, the same individual may reenter the waiver in the same waiver year if the individual meets all eligibility requirements.

10.09.79.04

.04 PRTF Waiver Services Model.

A. The PRTF waiver services model shall provide community-based treatment through a care management entity (CME) to children with serious emotional disturbance and youth with serious mental illness through a wraparound service delivery process.

B. If the applicant is determined to meet the technical eligibility criteria, MHA shall:

(1) Confirm the capacity in the PRTF waiver for the applicant and convene a meeting with the applicant and family to complete the enrollment process;

(2) Inform the applicant and family verbally and in writing about:

(a) Services available in the waiver; and

(b) Participation in the demonstration project evaluation; and

(3) Obtain written consent from the applicant, family, or medical guardian as specified in Regulation .03A(2) of this chapter to voluntarily choose waiver services over PRTF institutionalization.

C. In determining medical necessity for the waiver program, MHA:

(1) May request input from the CME, CSA, CFT, family, and others;

(2) Shall authorize eligibility for PRTF waiver services for applicants who meet the medical necessity criteria and advise the CME of the applicant's eligibility; and

(3) Shall reassess medical necessity at least every 12 months, or more frequently if determined necessary by MHA, ASO, CME, or CFT.

D. Under the PRTF waiver services model, the CME shall:

(1) Assist in the waiver application process by:

(a) Assisting the applicant and family to complete the application for financial eligibility under Medicaid;

(b) Ensuring that the assessments required for a medical necessity determination are conducted and forwarded to MHA;

(c) Developing a provisional POC with the participant and family that includes:

(i) At least one waiver service;

(ii) Treatment with a licensed mental health professional; and

(iii) A crisis plan that includes pertinent medical care information and a list of services, strategies, and techniques for immediate response and prevention of future crisis events; and

(d) If the family chooses not to enroll in the waiver, notifying MHA of this decision;

(2) Collect data for the purposes of a national and State evaluation as part of the PRTF demonstration grant project through methods determined by MHA, including obtaining appropriate consent from participants;

(3) Coordinate with all agencies involved in the participant's POC;

(4) Develop a network of clinical and natural supports in the community to address the needs identified in each POC;

(5) Employ a clinical director who:

(a) Has a minimum of a master's degree;

(b) Is a licensed mental health professional in the State; and

(c) Has completed trainings on wraparound, crisis planning, system of care, and comprehensive screening and assessment tools, as approved by MHA;

(6) Employ care coordinators:

(a) Who:

(i) Have a minimum of a bachelor's degree; and

(ii) Have enrolled in or completed the Wraparound Practitioner Certificate Program, or other equivalent training and certification, as approved by MHA; or

(b) Who:

(i) Have a minimum of a high school diploma or equivalency;

(ii) Are 21 years old or older;

(iii) Were participants of, or are the direct caregivers, or were the direct caregivers of an individual who received services from the public mental health system;

(iv) Have completed the Family Support Partner Certificate Program; and

(v) Are enrolled in, or have completed the Wraparound Practitioner Certificate Program, or other equivalent training and certification, as approved by MHA; and

(7) Comply with the background check and certification requirements for all staff as set forth in 10.21.10.05.

E. Waiver Plan of Care (POC) Development and Implementation.

(1) The POC shall:

(a) Meet the requirements of the provisional POC set forth in §D(1)(c) of this regulation;

(b) Be completed with information obtained through the comprehensive screening and assessment tools approved by MHA;

(c) Be comprehensive, including but not limited to primary care, dental, and other medical needs;

(d) Identify major areas of strength and need; and

(e) Specify for each recommended waiver service the following information as appropriate or as required by MHA:

(i) Description of the service;

(ii) Service start date;

(iii) Estimated duration;

(iv) Frequency and units of service to be delivered; and

(v) The provider name and contact information.

(2) POC Reviews and Approvals.

(a) The care coordinator shall manage the POC.

(b) A licensed mental health professional employed by the CME shall:

(i) Supervise the development and ongoing implementation of the POC; and

(ii) Review and approve the POC.

(c) Before the provision of services in the POC, MHA shall review and authorize the services designated in the POC.

(d) The CFT shall reevaluate the POC at least every 60 days with re-administration of MHA-approved assessments as appropriate.

(3) The CME shall:

(a) Assign care coordinators to the participant and family;

(b) Arrange for the participant and family to meet with family support partners, or youth peer support partners, or both, to allow the participant and family the opportunity to determine the role of peer-to-peer support in the development and implementation of the POC;

(c) Convene the first CFT meeting within 15 calendar days of notification of waiver enrollment to begin developing the POC;

(d) Collect information gathered during the application process including results from the physical examination, psychosocial and psychiatric screening, assessments, evaluations, and information from the CFT, participant, family, and the identified supports to be incorporated as a part of POC development process;

(e) Document that the family and participant have approved the POC;

(f) Finalize the POC within 30 calendar days of notification of waiver enrollment and submit it to MHA; and

(g) Record and keep minutes at every CFT meeting and share them with the CFT members.

(4) The care coordinator shall:

(a) Schedule a face-to-face meeting with the participant and family within 72 hours of notification of the participant's enrollment in the waiver;

(b) Facilitate CFT meetings;

(c) Facilitate access to the services and supports in the POC; and

(d) At the first meeting:

(i) Administer the appropriate assessments, as designated by MHA;

(ii) Work with the participant and family to review and modify the provisional POC;

(iii) Ensure the availability of family and youth support partners; and

(iv) With the participant and family, determine membership for the CFT.

(5) The CFT shall:

(a) Determine the specific services and supports required in order to achieve the goals identified in the POC;

(b) Identify the responsible person or persons for each of the outcomes in the POC; and

(c) Meet at least monthly to coordinate the implementation of the POC and update the POC as necessary.

F. Waiver participants shall have access to specialty mental health services through MHA's public mental health system. Participants shall also be enrolled in the Medical Assistance Program's managed care program, known as HealthChoice, in accordance with eligibility requirements set forth in COMAR 10.09.63.

10.09.79.05

.05 Conditions for Provider Participation.

Conditions for provider participation are those set forth in COMAR 10.21.10.

10.09.79.06

.06 Covered Services.

A. The Program covers the services listed in this chapter when the services are:

(1) Determined by MHA to be medically necessary;

(2) Preauthorized by MHA; and

(3) Delivered in accordance with the participant's POC.

B. Waiver Services.

(1) Caregiver peer-to-peer support:

(a) May be provided without the presence of the participant;

(b) Is delivered by a family support partner employed by a family support organization; and

(c) Includes, but is not limited to:

(i) Helping the family acquire skills and knowledge;

(ii) Providing information regarding specific services and the roles of individuals involved in the POC;

(iii) Participating in the development and revision of the participant's POC;

(iv) Coordinating services and community resource linkage;

(v) Accompanying families to meetings or other community resources; and

(vi) Providing assistance for transitioning out of waiver services.

(2) Youth peer-to-peer support:

(a) Is delivered by a youth support partner employed by a family support organization; and

(b) Includes, but is not limited to:

(i) Helping the participant acquire skills and knowledge;

(ii) Providing information regarding specific services and the roles of individuals involved in the POC;

(iii) Participating in the development and revision of the participant's POC;

(iv) Coordinating services and community linkage;

(v) Accompanying the participant to meetings or other community resources; and

(vi) Providing assistance for the participant to function to the participant's fullest ability in the community.

(3) Respite services include:

(a) A set of specific services documented in the POC that include:

(i) A schedule of the participant's activities during respite;

(ii) Medication monitoring, if needed;

(iii) The frequency, duration, and intensity of staff support;

(iv) Respite locations; and

(v) The aftercare plan or recommendations;

(b) In-home respite services, which are provided in the participant's home or other community-based setting; and

(c) Out-of-home respite services, which provide a temporary alternative living situation outside of the participant's home.

(4) Family and youth training:

(a) Is provided by family and youth trainers who meet the requirements set forth in COMAR 10.21.10.08;

(b) Involves a curriculum geared towards usable learning and skills development;

(c) May be provided to family members without the presence of the participant;

(d) May be provided on an individual or group basis;

(e) Shall directly support individualized and particular needs of the caregiver or participant as identified in the POC; and

(f) May include, but is not limited to, training on:

(i) Diagnosis;

(ii) Medication management;

(iii) Treatment regimens including evidence-based practices;

(iv) Behavior planning, intervention development, and modeling;

(v) Skills training;

(vi) Systems mediation and self-advocacy;

(vii) Finance management;

(viii) Socialization;

(ix) Individualized education programs; and

(x) Systems navigation.

(5) Expressive and experiential behavioral services:

(a) May be provided to an individual or group;

(b) Provide sensory modalities to participants to assist in achieving POC objectives; and

(c) Include:

(i) Art behavioral services;

(ii) Dance/movement behavioral services;

(iii) Equine-assisted behavioral services;

(iv) Horticultural behavioral services;

(v) Music behavioral services; and

(vi) Psychodrama/drama behavioral services.

(6) Crisis and stabilization services:

(a) Are offered in response to urgent mental health needs;

(b) Are available on an on-call basis 24 hours per day, 7 days per week;

(c) Are coordinated through the care coordinator and CFT, and are incorporated into the participant's POC;

(d) Are short-term, flexible services that assist in de-escalating crises and stabilizing children and youth in their home and community setting;

(e) Are designed to maintain the participant in the participant's current living arrangement, to prevent movement from one living arrangement to another, and to prevent hospitalizations;

(f) Are provided for a minimum of 2 hours face-to-face per day; and

(g) Include the delivery of a variety of flexible services detailed in a comprehensive, individualized plan for stabilization that:

(i) Addresses safety concerns and risk factors, including the family's definition of the crisis;

(ii) Includes family triggers, strengths, and supports; and

(iii) Identifies both immediate and continued interventions to ensure stabilization in the home and community setting, which may include strategies to de-escalate and prevent a crisis situation, short-term in-home therapy, behavioral management and support, coordination and development of natural supports, and skills training on coping and activities of daily living.

10.09.79.07

.07 Limitations.

A. Reimbursement shall be made by the Program only when all of the requirements of this chapter are met.

B. When a participant is in a facility, including an institution for mental disease, a PRTF, or hospital, for not more than 30 days, the Program shall only reimburse for caregiver peer-to-peer support, youth peer-to-peer support, and family and youth training.

C. The Program may not reimburse for:

(1) Services that are:

(a) Provided by a member of the recipient's immediate family or an individual who resides in the recipient's home;

(b) Not preauthorized by MHA;

(c) Not medically necessary;

(d) Beyond the provider's scope of practice;

(e) Provided at no charge to the general public;

(f) Not appropriately documented;

(g) Part of another service paid for by the State;

(h) Provided without a valid required license or appropriate credentials as specified in COMAR 10.21.10; or

(i) Rendered by mail, telephone, or otherwise not in person;

(2) Completion of forms or reports;

(3) Broken or missed appointments; or

(4) Travel by the provider to and from site of service.

D. The Program may not reimburse more than the following:

(1) 1 session per day for caregiver peer-to-peer support;

(2) 1 session per day for youth peer-to-peer support;

(3) 10 units per day for in-home respite;

(4) 1 session per day for out-of-home respite;

(5) 3 units per day for family and youth training;

(6) 2 types per day of expressive and experiential behavioral services;

(7) 2 sessions per day of the same expressive and experiential behavioral service; and

(8) 1 session per day for crisis and stabilization services.

E. Out-of-home respite and in-home respite services may not be reimbursed for the same day of service or on the same day of service as:

(1) Residential rehabilitation;

(2) Therapeutic behavioral services; or

(3) Any other public mental health system respite services.

10.09.79.08

.08 Payment Procedures.

A. Request for Payment.

(1) An approved provider shall submit requests for payment for the services covered under this chapter according to the procedures set forth in COMAR 10.09.36.04.

(2) The provider shall:

(a) Bill the Program in accordance with the payment methodology specified in this chapter;

(b) Accept payment from the Program as payment in full for the covered services rendered, and make no additional charge to the participant or any other party for these services; and

(c) Submit a request for payment in a manner approved by the Program, which includes a certification of the:

(i) Date or dates of service;

(ii) Participant's name and Medicaid number;

(iii) Provider's name, location, and provider identification number;

(iv) Type, procedure code or codes, and unit or units of covered services provided; and

(v) Amount of reimbursement requested.

B. Documentation Required.

(1) Payments by the Program or its designee may be withheld or recovered if the provider fails to submit requested evidence of services provided, staff qualifications, corrective action plans, or other types of documentation related to ensuring the health and safety of a participant.

(2) Payments shall be released upon receipt and approval by the Program or its designee of the requested documentation.

(3) An appeal by the provider under COMAR 10.01.03 does not stay the withholding of payments.

C. Billing time limitations for the services covered under this chapter are the same as those set forth in COMAR 10.09.36.06.

D. Payments.

(1) Payments shall be made only for services rendered by a waiver provider approved by MHA and enrolled as a Medicaid provider.

(2) Services will only be paid when delivered in accordance with the POC that has been authorized by MHA.

(3) The Program shall pay according to the fee-for-service schedule for each of the covered services, as set forth in this regulation.

E. Rates. The following rates are established:

(1) Caregiver peer-to-peer support—$50 per day for a minimum of 1 hour of service;

(2) Youth peer-to-peer support—$50 per day for a minimum of 1 hour of service;

(3) In-home respite—the hourly rate specified in COMAR 10.21.25.09;

(4) Out-of-home respite—the daily rate specified in COMAR 10.21.25.09;

(5) Family and youth training—$45 per hour for an individual participant, and $36 per hour for each waiver participant in a group session;

(6) Expressive and experiential behavioral services—$61.35 per hour, with the second hour to be reimbursed only if it exceeds 30 minutes, for an individual participant, and $49.08 per hour, with the second hour to be reimbursed only if it exceeds 30 minutes, for each waiver participant in a group session;

(7) Crisis and stabilization services—$300 per day for a minimum of 2 hours of service.

10.09.79.09

.09 Recovery and Reimbursements.

Recovery and reimbursement are set forth in COMAR 10.09.36.07.

10.09.79.10

.10 Cause for Suspension or Removal and Imposition of Sanctions.

Cause for suspension or removal and imposition of sanctions is as set forth in COMAR 10.09.36.08 and 10.21.10.

10.09.79.11

.11 Appeal Procedures for Providers.

Appeal procedures for providers are those set forth in COMAR 10.09.36.09.

10.09.79.12

.12 Appeal Procedures for Applicants and Participants.

Appeal procedures for applicants and participants are those set forth in COMAR 10.01.04, 10.09.24.13, and 10.09.70.

10.09.79.13

.13 Interpretive Regulation.

State regulations are interpreted as set forth in COMAR 10.09.36.10.

10.09.79.9999

Administrative History

Effective date: April 20, 2009 (36:8 Md. R. 595)