



STATE OF MARYLAND

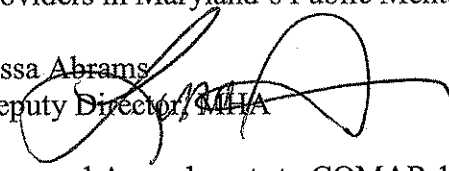
DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

TO: Providers in Maryland's Public Mental Health System (PMHS)

FROM: Lissa Abrams
Deputy Director, MHA 

RE: Proposed Amendments to COMAR 10.21.25

DATE: January 14, 2011

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The Mental Hygiene Administration (MHA) is proposing amendments to COMAR 10.21.25 Fee Schedule, Mental Health Services. The amendments will be published in The Maryland Register, January 28, 2011. There is a 30 day period to submit comments. Information will be noted in The Maryland Register.

The amendments include documentation requirements for individual practitioners, clarification on minimum time required for partial hospitalization programs/day treatment programs and limitations when billing intensive outpatient mental health and substance abuse services.

The proposed amendments are attached for your review. Please review the proposed amendments closely. Thank you.

Attachment

CC: CSA Directors
Herb Cromwell, CBH
MHA Management Committee
Susan Tucker, Maryland Medicaid

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, §§10-901, 15-103, and 15-105; Title 16, Subtitles 1 and 2; Annotated Code of Maryland

10.21.25.03-1 (downloaded July 6, 2010)

.03-1 General Reimbursement Conditions.

A. (text unchanged)

B. Claims Retraction. The Department may retract any payments made to [the] *any PMHS* provider for paid claims if an audit indicates that:

(1)—(2) (text unchanged)

(3) There is no documentation that the services were provided; [or]

(4) The precondition for the delivery of the service was not met;

(5) *The provider failed to comply with §H of this regulation; or*

(6) *The provider failed to comply with the regulations of the chapter under this subtitle that outlines the requirements for the specific program.*

C.—G. (text unchanged)

H. For individual practitioners, when services are preauthorized, the following documentation is required before submitting for payment for services rendered:

(1) For each individual served, the medical record, which shall include the following documentation:

(a) A signed consent to treatment;

(b) A comprehensive assessment that includes the:

(i) Individual or family's presenting problem;

(ii) Individual or family's history;

(iii) Individual's, diagnosis; and

(iv) Rationale for the diagnosis;

(c) An individualized treatment plan that includes the:

(i) Problems, needs, strengths, and goals that are measurable;

(ii) Interventions that are medically necessary; and

(iii) Signatures of individual, or if individual is a minor, the guardian, and treating mental health professional; and

(2) Progress notes for each face-to-face contact including:

(i) Date of service;

(ii) Start time and end time;

(iii) Location;

(iv) Summary of interventions provided; and

(v) The treating mental health professional's signature and date of service.

I. Services rendered by an individual practitioner may only be reimbursed for the licensed mental health professionals authorized by the practice board to diagnose and treat psychiatric disorders as identified in this chapter of regulations.

.08 Fee Schedule—Treatment Services—Programs.

A.—B. (text unchanged)

C. Partial Hospitalization. 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 [5] 6.5 hours of therapeutic activities per day ... \$196.90 per day;

(b) For a *half day*, or intensive, outpatient services, when the services are delivered by a multidisciplinary team, for a minimum of [3] 4 hours of therapeutic activities, including at least two group therapies ... \$107.16 per day;

(2)—(3) (text unchanged)

D. *The Department may not reimburse a partial hospitalization program (psychiatric day treatment) or an intensive outpatient program, mental health, on the same day an intensive outpatient program or service is provided for substance abuse treatment.*

[D.] E. (text unchanged)

10.21.25.09

.09 Fee Schedule — Support Services.

A.—H. (text unchanged)

I. Mental Health Case Management. Beginning September 1, 2009, 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 a child or adolescent with a serious emotional disorder or an adult with a serious and persistent mental health disorder as follows:

(1)—(2) (text unchanged)

(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 \$158.16.*