

**MMAC REGULATIONS REPORT  
June 2022**

**REGULATIONS REPORT**

<b>COMAR</b>	<b>TITLE</b>	<b>PURPOSE</b>	<b>DATE GOV APPROVED/SUB'D TO AELR</b>	<b>DATE OF 1ST PRINT IN MD REG.</b>	<b>30-DAY COMMENT PERIOD: COMMENTS REC'D?</b>	<b>DATE OF FINAL PRINT IN MD REG.</b>	<b>DATE APPROVED (10 DAYS AFTER FINAL)</b>
10.09.41	Employed Individuals with Disabilities	To expand the eligible population for the Employed Individuals with Disabilities Program by establishing less restrictive financial eligibility requirements and setting new premium levels for higher-income participants.	6/14/22	7/15/22 Ant.	7/15/22— 8/15/22 Ant.		
10.09.69	Rare and Expensive Case Management (REM)	To increase reimbursement rates for case management services provided to REM program participants by 4%, in accordance with House Bill 588, Budget Bill, Fiscal Year 2022). The proposed action also revises the REM diagnoses in accordance with 2021 updates to the ICD-10 code list.	6/9/22	7/15/22 Ant.	7/15/22— 8/15/22 Ant.		
10.09.07	Medical Day Care Services	To implement a 4 percent rate increase, as well as a one time increase provided by ARPA.	6/9/22	7/15/22 Ant.	7/15/22— 8/15/22 Ant.		
10.09.10	Nursing Facility Services	The purpose of this action is to update the budget adjustment factors for Fiscal Years 2021 and 2022, extend the sunset date for the Interim Working Capital Fund for one year, and to clarify cost reporting and field verification requirements for out-of-state nursing facilities.	6/9/22	7/15/22 Ant.	7/15/22— 8/15/22 Ant.		
10.09.53	EPSDT: Nursing Svcs. For Individuals Younger than 21 y/o	To incorporate provider reimbursement rates for nursing services covered under this chapter	6/9/22	7/15/22 Ant.	7/15/22— 8/15/22 Ant.		
10.09.80	Community Based SUD	To effectuate the FY 2022 rates for community behavioral health providers, which were implemented early on January 1, 2021, and to establish the FY 2021 rates in effect July 1, 2020 through December 31, 2020.	6/13/22	7/29/22 Ant.	7/29/22 — 8/29/22 Ant.		
10.09.90	Mental Health Case Management: Care Coordination for Children and Youth	To update the Level III-Intensive Care Coordination participant eligibility requirements for children younger than 6 years old in order to align with 1915(i) Intensive Behavioral Services referral requirements.	3/24/22	5/6/22	5/6/22— 6/6/22		
10.67.01, .04, .05, and .09	Healthchoice	The purpose of the proposed action is to update the definition of administrative denials, add fraud prevention activities to MLR reporting requirements, revise provider termination notification requirements, update tagline and provider directory requirements and provider practice guidelines, and revise appeal requirements in order to comply with federal managed care provisions.	12/10/21	2/11/22	2/11/22— 3/14/22	6/3/22	6/13/22