Quality Compliance: Chapter II
Introduction
Please review the COMAR citations within this chapter as these are the basis for program provider audits and conditions of program participation.
• 10.09.36.03 – Conditions for Participation

(A) To participate in the program, the provider shall comply with the following criteria:

(2) Apply for participation in the Program using the application form designated by the Department;

(4) Allow the Department or its agents to conduct unannounced on-site inspections of any and all provider locations;

(6) Maintain adequate records for a minimum of 6 years and make them available, upon request, to the Department or its designee;

(9) Verify the recipient’s eligibility by:

(a) Viewing the recipient’s Medical Assistance card and another identification card; and

(b) Calling the Program’s Eligibility Verification Interactive Voice Response System (EVS / IVR) or accessing the web-based recipient eligibility system.

Note: Please refer to the entire section of COMAR regarding Conditions for Participation for additional information.
To participate in the program, the provider shall:

(C) Maintain either manually or electronically, adequate documentation of each contact with a participant as part of the medical record, which at a minimum, meets the following requirements:

1. Includes the date of service with service start and end times;
2. Includes the participant’s primary behavioral health complaint or reason for the visit;
3. Includes a brief description of the service provided, including progress notes;
4. Includes an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate title;

*Note: Please refer to the entire section of COMAR regarding Specialty Mental Health Services for additional information*
COMAR Chapter 59 Specialty Mental Health Services (cont’d)

(5) Is made available to the following as requested:

(a) The Department;

(b) The ASO (Administrative Services Organization)

(c) The Core Service Agency

(d) The of Inspector General; and

(e) The office of the Attorney General Medicaid Fraud Control Unit; and

(6) Is consistent with the medical records confidentiality and disclosure requirements of:

(a) Maryland Confidentiality of Medical Records Act, Health – General Article, Title 4, Subtitle 3, Annotated Code of Maryland; and

(b) Relevant federal statutes and regulations, including the Health Insurance Portability and Accountability Act, 42 U.S.C. §1320D et seq., and implementing regulations at 45 CFR Parts 160 and 164

**Note:** Please refer to the entire section of COMAR regarding Specialty Mental Health Services for additional information.
COMAR Chapter 59 Specialty Mental Health Services (cont’d)

- 10.09.59.09 – Payment Procedures
  
  (F) A provider may not bill the Program for:
  
  (1) Completion of forms and reports;
  
  (2) Broken or missed appointments;
  
  (3) Professional services rendered by mail or telephone; or
  
  (4) Services not authorized consistent with regulation .08 of this chapter
  
  (G) Billing Time Limitations for claims submitted under this chapter are set forth in COMAR 10.09.36.06.

Note: Please refer to the entire section of COMAR regarding Specialty Mental Health Services for additional information.
10.09.89.03 – Participant Eligibility

(B) The applicant shall be younger than 18 years old at the time of enrollment

(D) The family or medical guardian of the participant shall give consent to participate in the 1915(i), with consent given by the participant upon reaching 18.

(H) Medical Assistance Eligibility.

(1) Categorically Needy. An applicant is eligible for 1915(i) services if the applicant is eligible for Medicaid or Maryland’s Children’s Health Program (MCHP) in accordance with COMAR 10.09.11 or 10.09.24 and has a family income that does not exceed 150 percent of the Federal Poverty Line (FPL).

*Note:* Please refer to the entire section of COMAR regarding Intensive Behavioral Health Services for Children, Youth, and Families for additional information.
COMAR Citations

- COMAR Chapter 89 Intensive Behavioral Health Services for Children, Youth, and Families (cont’d)
  - 10.09.89.06 – Conditions of Provider Participation
    (B-2) Attest that the provider applicant is in compliance with the general provider requirements and specific 1915(i) service requirements set forth in this chapter and in COMAR 10.09.36
  - 10.09.89.08 – General Conditions for 1915(i) Service Provider Participation
    (A-9) Maintain administrative and medical records documenting the date, time, duration, and substantive notes associated with the services delivered, which shall be signed by the provider and indicated by the participant’s plan of care.

**Note**: Please refer to the entire section of COMAR regarding Intensive Behavioral Health Services for Children, Youth, and families for additional information.
COMAR Citations

- COMAR Chapter 89 Intensive Behavioral Health Services for Children, Youth, and Families (cont’d)
  - 10.09.89.15 – Limitations
    - (C-4) The Program may not reimburse more than 2 types per day of expressive and experiential behavioral services
    - (C-6) One Mobile Crisis Response Service (MCRS) assessment for the development of the initial crisis plan
    - (D) Intensive In-Home services may not be reimbursed for the same day of service or on the same day of services as:
      - (1) Partial Hospitalization / day treatment
      - (2) Mobile crisis response services; or
      - (3) Other family therapies
    - (E-2) Out-of-home respite and community-based respite services may not be reimbursed for the same day of service or on the same day of service as Therapeutic Behavioral Services.

**Note:** Please refer to the entire section of COMAR regarding Intensive Behavioral Health Services for Children, Youth, and families for additional information.
Additional Compliance Standards

- Individual treatment plans and plans of care need to be in the provider files
- All 1915(i) providers should be prepared for audits by the ASO
Adhere to the program model as set forth in COMAR 10.09.89.05

Please complete and return to Beacon Health Options email address at Marylandproviderrelations@beaconhealthoptions.com or fax to Provider Relations at 410-691-4001.

By signing this document, I declare that I have reviewed Chapter II: Quality Compliance: Introduction

____________________________________________________________________________________
Signature of representative
____________________________________________________________________________________
Print name and title
____________________________________________________________________________________
Applicant organization name
Phone: __________________ Fax__________________ Email________________________
Thank You