

**MEDICAID ADVISORY COMMITTEE MONTHLY REPORT**

**(External)**

**April 25, 2013**

COMAR	Title	PURPOSE	AELR DATE	DATE of 1st Printing in MD REG	DATE of FINAL print in MD. REG.	APPROVED (10 days after final)
10.09.83 New Chapter (.01—.07)	Third Party Liability	The purpose of this action is to set forth procedures for the calculation and recovery of the Department's subrogation claims as required by federal law. Since its initial publication of the regulations on September 24, 2010, the Department has solicited written comments from and convened numerous meetings with interested parties. As a result of these comments and meetings, the Department has agreed to modify the regulations to: (1) defer to the trier of fact's determination regarding the amount of the overall award attributable to medical expenses, compared to the amount attributable to pain and suffering and other factors, in cases involving a determination by a judge or jury, (2) clarify the right to place undisputed portions of a settlement or award into a trust, (3) clarify and modify all timing requirements to be consistent with Health-General § 15-120, (4) provide for a proportional reduction of recoveries if the judgment or award is greater than available liability coverage, (5) limit the Department's recoupment to only the portion of the allocation related to past medical expenses, (6) reduce the Department's recovery by one-third of the amount of the recipient's attorney's fees in the event that the Department, after notice, fails to intervene in the recipient's case; and (7) provide the recipient an opportunity to present evidence at a fair hearing to challenge the Department's proposed subrogation claim.	10/9/12  Newest Proposal 2/14/13	11/16/12  3/22/13		
10.09.65 (.19)  10.09.76 (.14)	Maryland Medicaid Managed Care Program: Managed Care Organizations  Primary Adult Care Program	The purpose of this action is to implement the CY 2013 MCO's HealthChoice and PAC capitation rates effective January 1, 2013; and to encourage MCOs to participate in the PAC Program in Baltimore City by including a supplement payment for eligible MCOs for calendar year 2013.	12/14/12	01/25/13	4/5/13	4/15/13
10.01.04 (.01 and .02)	Fair Hearing Appeals under the Medical Assistance Program	The purpose of this proposal is to amend fair hearing regulations to: 1) Provide a less restrictive definition of for the appellant's legal counsel who serves as an authorized representative; and 2) Clarify that an opportunity for a fair hearing shall be granted if any part of an application is not acted upon in a timely manner.	12/14/12	01/25/13	4/5/13	4/15/13
10.09.54 ( new 14-1, and .30-1,	Home/ Community Based Services Waiver for	The purpose of this proposal is to adopt new regulations for Case Management Services to be consistent with provisions of the waiver approved by Centers for Medicare and Medicaid Services and to update rates, including a rate increase for Case Management Services for Fiscal Year 2013.	12/14/12	02/08/13	4/5/13	4/15/13

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and to amend .33)	Older Adults					
10.9.55 (.26-3 and .29)	Living at Home Waiver Program	The purpose of this proposal is to remove provisions relating to documentation requirements that are not applicable to Living at Home Waiver case management providers and modify language for rate changes to incorporate a rate increase for case management providers.	12/14/12	02/08/13	4/5/13	4/15/13
10.09.35 (.01, .04, .05)	Hospice Care	The purpose of this proposal is to eliminate outdated terminology and procedures in the Maryland Medical Assistance Hospice Program to be consistent with comparable federal terminology, procedures and requirements.	02/08/13	3/22/13		
10.09.41 (.02, .03, .04, .07)	Employed Individuals with Disabilities	The purpose of this proposal is to amend current regulations to include provisions that will: 1) Increase the resource limit for married couples to \$15,000; 2) Waive premium amount up to 6 months for the months between the application date and the determination of eligibility; 3) Provide a grace period of up to 6 months eligibility, if individual becomes unemployed and continues to meet all other factors of eligibility; and 4) Clarify the annual recalculation of the monthly premium payment amount.	02/08/13	3/8/13		

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10.09.48 (.01-.18)  New 10.09.48 (.01-.12)	Case Management for Individuals with Developmental Disability  Targeted Case Management for People with Intellectual and Developmental Disabilities.	The purpose of this proposal is to consolidate and streamline case management services provided to Medicaid-eligible individuals with developmental disabilities under one chapter of regulation. Providers will be reimbursed based on the amount of time spent providing services to eligible individuals. In addition, by increasing the number of individuals eligible for services, the State is able to draw down federal funds and increase provider reimbursement rates.	3/12/13			
10.09.47 (.03)	Disproportionate Share Payment	To redistribute uncompensated care overpayments. The regulations restate and modify existing Departmental policies.	2/14/13	3/22/13		