

# BALTIMORE MENTAL HEALTH SYSTEMS, INC.

## REQUEST FOR INTEREST

### Juvenile Competency Attainment Services

Baltimore Mental Health Systems, Inc. (BMHS) has received funding from the Mental Hygiene Administration to recruit and compensate providers to meet with children and adolescents who have been found “incompetent to proceed” in juvenile court delinquency proceedings and provide these youth with services to help them attain competency to proceed. The providers are to be (i) licensed social workers or (ii) educators who are certified to provide educational services to a special needs child and adolescent population. Providers must have worked with the court-involved child and adolescent population for at least two years post-baccalaureate and have a working knowledge of the juvenile justice system. Preference will be given to individuals who can serve the Eastern Shore and Western Maryland. Juvenile Competency Attainment Services will be provided based on court orders received.

BMHS is seeking individuals who are qualified and willing to serve as competency attainment providers. Compensation for Competency Attainment Services will be \$70.00/hour (for time spent in session with the youth) plus reimbursement for mileage at 48.5 cents/mile. The job specifications are as follows:

#### *Attainment Service Provider Specifications:*

1. Attend a two-hour training session about Juvenile Competency and Attainment Services to be provided by the Mental Hygiene Administration’s Office of Forensic Services/Juvenile. Compensation of \$140.00 will be provided upon completion of the training.
2. Provider must have, or be willing to purchase, a fax machine in order to receive referrals and a day time phone number that will be answered or message responded to within 24 hours
3. Provide Attainment Services two-three times weekly for one hour each session, unless there is a client need which requires another arrangement to be made (e.g., due to behavioral needs of the youth, change in schedule of the legal guardian).
4. If the provider is unable to make a scheduled attainment session, he or she is required to provide 36-hour notice to the youth, legal guardian, and the Office of Forensic Services/Juvenile, with a date and time when the session will be rescheduled.
5. If the youth is not available to the provider, without prior notice, then the provider will be compensated for time at \$35.00/hour plus mileage at 48.5 cents per mile.
6. If the youth is not available for two subsequent sessions without good cause, the provider will inform the Office of Forensic Services/Juvenile who will notify the courts. Attainment services will be suspended until clarification is provided by the court.
7. Attainment Services may be provided in the home, an institution, a school setting, or other public place, as determined to be appropriate by the provider and the Office of Forensic Services/Juvenile.
8. The first session should occur within five days of receipt of the referral.
9. If the provider receives a court-ordered subpoena, they should contact the Office of Forensic Services/Juvenile. If the provider is required to testify, the provider will be compensated for time at \$50.00/hour plus mileage at 48.5 cents per mile.

### ***Reporting Requirements and Billing Procedures***

1. The provider will be responsible for signing a consultant contract with BMHS and submitting all required forms/documents.
2. The provider will be responsible for submitting reports (on a standardized form) to the Office of Forensic Services/Juvenile no later than 7 days after the initial visit and monthly thereafter (with one reporting form for each attainment session).
3. The provider will be responsible for submitting a monthly report (on a standardized form) to BMHS, indicating the number of sessions provided and number of individuals served.
4. The provider will submit requests for payment/invoices to the Chief of Juvenile Forensic Services of the Office of Forensic Services. After review, invoices will be approved and forwarded to BMHS for payment.

### **Application Process**

Each applicant must submit: (1) resume; (2) verification of qualifications; (3) a copy of their current certification as a special education teacher or license as a social worker; and (4) verification of a criminal background check. A letter of interest should be included with the above documentation and sent to:

Baltimore Mental Health Systems, Inc.  
201 E. Baltimore Street Suite 1340  
Baltimore, MD 21202  
Attn: Rena Mohamed

No fax copies will be accepted. Submissions must be received by noon on December 7, 2007.

### **The letter of interest, not to exceed 2 pages, should include:**

- (1) A statement that the applicant is willing to:
  - (i) Attend a two-hour paid training provided by Mental Hygiene Administration's Office of Forensic Services / Juvenile.
  - (ii) Accept referrals from BMHS and MHA to provide competency attainment services and adhere to the specifications and procedures described in this Request For Interest.
- (2) A description of the Provider's capacity and experience in working with court-involved youth.
- (3) A description of the geographic area in which the applicant is willing to provide services.

### **Proposal Evaluation**

Qualifications will be evaluated by BMHS in collaboration with its funding partners.

Please contact Rena Mohamed, Associate Director, Child & Adolescent Division, Baltimore Mental Health Systems, Inc. at 410-837-2647/[rmohamed@bmhsi.org](mailto:rmohamed@bmhsi.org) or Debra Hammen, Chief, Systems Operation, MHA Office of Forensic Services at 410-724-3178/[hammend@dhhm.state.md.us](mailto:hammend@dhhm.state.md.us)., if you have any questions.



# MARYLAND ATTORNEY GENERAL

Douglas F. Gansler

For Immediate Release  
May 3, 2007

Media Contact:  
Raquel Guillory, 410-576-6357  
[rguillory@oag.state.md.us](mailto:rguillory@oag.state.md.us)

## **Baltimore County Woman Charged with Medicaid Fraud**

Attorney General Douglas F. Gansler announced today that Siddi Jon, 48, of the 8900 block of Greens Lane in Randallstown was indicted by a Baltimore County grand jury with 18 counts of felony Medicaid fraud and felony theft.

It is alleged that, from April, 2002 to May, 2004, Jon, through her company, Maryland Health First, Inc., knowingly submitted fraudulent claims to the Maryland Medicaid program. Those claims falsely represented that the company had provided psychiatric rehabilitation (PRP) services and therapy services to clients when Jon knew that the services had not actually been performed. Additionally, the indictment alleges that Jon defrauded the Medicaid program by billing for services when she knew that she was out of compliance with Medicaid regulations applicable to PRP and therapy providers. Maryland Health First served eligible Medicaid recipients in Baltimore County and Baltimore City.

The case is being prosecuted by the Medicaid Fraud Control Unit (MFCU) of the Maryland Attorney General's Office. The MFCU conducted the investigation with assistance from the Mental Hygiene Administration (MHA), which suspended payments to Maryland Health First in May of 2004. MHA has been working with the MFCU to root out fraud in its programs, and several cases of possible fraudulent behavior by MHA providers are currently under investigation by the Attorney General's Office.



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 – John M. Colmers, Secretary  
Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

TO: Providers of Mental Health Case Management

FROM: Brian Hepburn, M.D.  
Executive Director, Mental Hygiene Administration (MHA)

RE: Case Management: Clarification of Requirements for billing Medicaid

DATE: March 30, 2007

---

The Mental Hygiene Administration (MHA) is committed to including case management as a benefit in the public mental health system. Case Management is a critical component and valuable service in assuring that individuals with serious mental illness and children and adolescents with serious emotional disturbance are linked to needed services and supports. However, recent clarifications by the Center for Medicaid and Medicare Services (CMS) require the State to implement the following changes.

Effective April 1, 2007, Medicaid reimbursement for case management services under COMAR 10.09.45 Mental Health Case Management will require the following:

- Case management services shall not be reimbursed for services provided to individuals in jails, in hospitals – state or private, or in residential treatment centers. Individuals must be discharged from these settings before case management services may be billed to Medicaid.
- Case Management services shall not be reimbursed when an individual is currently in a Residential Rehabilitation Program (RRP), is receiving psychiatric rehabilitation program (PRP) services, or mobile treatment services.
- For Medicaid recipients to be eligible to receive case management services, individuals must meet the diagnostic criteria and risk factors. This applies to individuals on conditional release.

Consumers, currently receiving case management services, but who do not meet the criteria, will be transitioned out of the service by June 1, 2007.

The rate for case management will change from a monthly rate to a 15 minute increment rate. Before this rate change is implemented, MHA will complete a CMS approved cost study. All case management programs will be required to participate and provide information needed for the study.

The goal is to have the cost study complete and the new rate approved by July 1, 2007. MHA will meet with all case management programs to provide instructions on this process.

As funding permits, MHA will explore a case management rate for individuals who may need PRP services and case management as a transition until the individual is appropriately linked to services. This rate will be reimbursed with state general funds through the fee for service system.

I regret that these changes may affect your programs and the individuals served. MHA will work with the Core Service Agencies (CSA) and MAPS-MD to assure that individuals currently in case management continue to receive services until the individual is transitioned to another service. We are doing our best to minimize the impact on consumers as we meet the federal requirements.

If you have any question please contact Ms. Lissa Abrams, Director, Adult Services at 410-402-8476. Thank you.

C: MHA Management Committee  
Penny Scrivens  
CSA Directors  
Jennifer Huber  
Lisa Ford, M.D.  
Vic Reynolds, PhD



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

November 1, 2007

Dear Provider:

It has come to the attention of the Mental Hygiene Administration (MHA), that some community mental health programs in Maryland's Public Mental Health System (PMHS) may not be promoting a consumer's right of choice in the selection of mental health providers. This letter is to remind all providers and programs that Maryland Medicaid regulations and federal rules prohibit restrictions on a consumer's right of choice. MHA will be enforcing this requirement.

COMAR 10.09.36.03 states:

To participate in the [Medicaid] Program, the provider shall comply with the following criteria:

(9) Place no restriction on a recipient's right to select health care providers of the recipient's choice...

This regulation applies to Medicaid providers serving Medicaid consumers. MHA recognizes that some consumers may start a program as an uninsured or gray-zone individual. However, since it is important that individuals, with assistance from providers, apply for all applicable benefits including Medicaid, MHA applies the rule to all PMHS consumers. MHA wants to ensure that consumers, who later receive Medicaid, have been given the opportunity to choose their provider.

MHA interprets "place no restriction" as meaning, the consumer must be given the right to choose a provider and/or a program. The consumer may not be told that their ability to receive services from a provider is contingent on receiving a different service from that same provider. Example: The Acme OMHC can not require a consumer to receive PRP services from the Acme PRP. The Acme RRP may not require the consumer to receive services from the Acme OMHC.



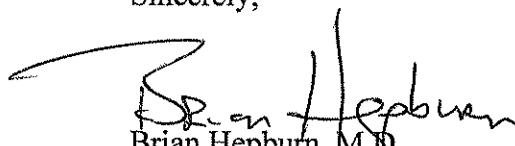
This regulation applies to both Evidence Based Programs and non-Evidence Based Programs. With Evidence Based Practices (EBP), such as; Integrated Dual Disorders Treatment (IDDT), Supported Employment, and Family Psycho-education, integration and coordination of treatment and rehabilitation services are a key component of the practice. This, however, does not mean that one agency provides all the services exclusively. It means that all service providers coordinate treatment and rehabilitation plans to reflect the consumer's goals.

In addition, there are certain services that are bundled by definition either in regulation or State Plan. . For example mobile treatment or the capitation program. However, in these programs, the consumer has the choice of accepting the service, choosing among the professionals on the team, or seeking a different type of service. Thus, the consumer is in fact given the opportunity to choose.

The federal government, in particular, CMS, has been very restrictive in its review of mental health programs. While we recognize that continuity of care or coordination of care may be easier with one Provider performing all services, the consumer must be given the opportunity to choose their program. If the consumer chooses another provider, both providers will need to document an effort to coordinate care.

Please assure that your policies and procedures reflect this requirement of consumer choice of providers. Thank you.

Sincerely,

  
Brian Hepburn, M.D.  
Executive Director

Cc: Core Service Agencies  
MAPS-MD



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

**To: All Individual and Group Practice Provider**

**From: Brian Hepburn, M.D.**  
**Executive Director, Mental Hygiene Administration**

**Date: January 18, 2007**

**Re: Documentation Standards for Participation as a Specialty Mental Health Provider in the Public Mental Health System**

---

COMAR 10.09.36.03 (4) requires that all providers participating in the Medical Assistance Program must sign a Provider Enrollment Agreement and abide by the terms of that agreement. Providers agree to comply with applicable regulations, transmittals, and guidelines issued by the Department. In addition, providers agree to maintain adequate records which fully describe the nature and extent of all goods and services provided and rendered. This transmittal reviews and summarizes the expectations for documenting specialty mental health services rendered by Individual and Group Practices in the Public Mental Health System.

1. **Consent to Treatment:** Consent for services is documented by signature of the consumer or, when applicable, legal guardian.
2. **Comprehensive Assessment:** A comprehensive assessment contains the following information:
  - a. Psychiatric Evaluation
    - i. Mental Status
    - ii. Chief Complaint
    - iii. Adequately notes the onset of illness and circumstances leading to admission
    - iv. Estimates intellectual, memory, and orientation
    - v. Describes attitudes, emotions, and behavior
    - vi. Includes inventory of assets
    - vii. Current Medical Complaints
    - viii. Diagnosis
    - ix. Rationale for Diagnosis
  - b. Social History
    - i. Developmental History required for Children
  - c. Medical History
3. **Individualized Treatment Plan**
  - a. Related to the problems, needs, strengths, weaknesses identified in the assessment
  - b. Contains goals, objectives or outcomes that are individualized, specific, measurable, and can be achieved within a realistic timeframe
  - c. Identifies interventions that are medically necessary and appropriate for each goal
  - d. Outlines the transition/discharge plan
  - e. Documents the consumer agreement with the plan by a consumer signature and date
  - f. Signed and dated by all Mental Professionals rendering care



#### 4. **Progress Notes**

- a. Date of Service
- b. Start Time
- c. End Time
- d. Location (if not in clinical office)
- e. Goals addressed
- f. Interventions
- g. Consumer's response to treatment and progress towards goals

The medical record should summarize needed **Collaboration & Coordination of Care** with medical care providers, other mental health providers, and substance abuse treatment providers. Finally, the clinical information in the medical record should be consistent with the APS CareConnection® authorization request.

Please contact Michael Drummond LCSW-C, MAPS-MD, Manager of Training and Consultation 410-281-2708 or [mdrummond@apshealthcare.com](mailto:mdrummond@apshealthcare.com) if you have questions.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

*Web Site:* [www.dhmf.state.md.us](http://www.dhmf.state.md.us)

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

*Web Site:* [www.dhmh.state.md.us](http://www.dhmh.state.md.us)



UNIVERSITY OF  
MARYLAND

CENTER FOR SUBSTANCE ABUSE RESEARCH

**CESAR**

4321 Hartwick Road, Suite 501  
College Park, Maryland 20740  
301.405.9796 TEL 301.403.8342 FAX  
<http://www.cesar.umd.edu>  
<http://www.mdcsl.org>  
[mdcsl@umd.edu](mailto:mdcsl@umd.edu)

**Center for Substance Abuse Research (CESAR) at the University of Maryland launches Maryland Community Services Locator Website (MDCSL)**

With funding from the Governor's Office of Crime Control & Prevention (GOCCP), CESAR has created a new community services locator website. The **Maryland Community Services Locator** (MDCSL) website was developed to help Maryland service providers and the general public more easily access local programs and resources. This website helps users quickly find detailed resource listings for a variety of services, including maps and directions to program sites, using a single website. The current website includes listings of substance abuse treatment services, Alcoholics and Narcotics Anonymous referral centers, Buprenorphine certified physicians, housing services (such as drop-in centers and shelters), parole and probation offices, and public schools, searchable by proximity to a given address. In the future, the MDCSL's program service listings will be expanded to include other community services, including victims' services, health/mental health services, education/job readiness programs, and more!

We invite you to visit the MDCSL beta website at: <http://www.mdcsl.org>.

Please support the MDCSL Project by:

1. Sharing the website with your clients and colleagues
2. Establishing a link to the MDCSL site on your organizational website
3. Placing an announcement or article about the website in program publications or newsletters
4. Contacting CESAR to receive promotional materials to distribute at your site
5. Sharing our contact information ([mdcsl@cesar.umd.edu](mailto:mdcsl@cesar.umd.edu)) with colleagues so that they can obtain promotional materials

For more information or to update a program listing, contact the University of Maryland by email ([mdcsl@cesar.umd.edu](mailto:mdcsl@cesar.umd.edu)) or phone (301-405-9796).

# Maryland Community Services Locator (MDCSL)

*“Connecting people to community services”*

**<http://www.mdcs1.org>**

---

*Substance Abuse Treatment      AA/NA Referral Centers*  
*Buprenorphine Certified Physicians      Housing Services*  
*Parole/Probation Offices      Public Schools*

---

- ▶ Search for services and programs by geographic location
- ▶ Get contact information and other details for listings
- ▶ Map services by location
- ▶ Get directions to program services from anywhere
- ▶ New services and program listings coming soon!

For more information, email us at: **[mdcs1@cesar.umd.edu](mailto:mdcs1@cesar.umd.edu)**

# http://www.mdcsl.org

## Links

Washington Metropolitan  
Area Transit Authority

Maryland Transit  
Administration

National Capital Region 2-  
1-1

## Partners

Baltimore Substance  
Abuse Systems, Inc.  
(BSAS)

Maryland Alcohol and Drug  
Abuse Administration  
(ADAA)

## Maryland Community Services Locator beta (MDCSL)

The Maryland Community Services Locator (MDCSL) was developed by the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park on behalf of the Maryland Governor's Office of Crime Control & Prevention. We invite law enforcement officials, service providers, community members and others to use this tool to find local Maryland programs and resources.

Please note that this website is a beta version and currently under development. The resources listed in this directory have not yet been verified for accuracy, however, listings will be verified prior to its formal release. Additional program services and search options will be available soon. Program service listings are statewide unless otherwise specified below.

### Enter as much information as you know:

Address or Intersection:

City or Town:

State:

Zip Code:

Show locations within: .5 mile

To search, check the boxes that best describe the program for which you are looking. Checking more than one box will search for programs meeting **ALL** checked criteria or that offer **ALL** of the selected services. If you get few or no results, try unchecking some of the boxes to widen your search.

### Program Services:

- Substance Abuse Treatment Services
- Alcoholics/Narcotics Anonymous Referral Centers
- Buprenorphine Certified Physicians
- Housing Services (Drop-in Centers, Shelters, Housing) (Baltimore City Only)
- Parole and Probation Offices (Baltimore City Only)
- Primary/Secondary Public Schools (Baltimore City Only)



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

## Family Psychoeducation (FPE) - EBP Project

**Revised April 10, 2007**

### **Purpose:**

To develop and implement evidence based practice (EBP) in Family Psychoeducation (FPE) for adults with serious and persistent mental illness. The purpose of FPE is to help families and consumers better understand mental illness while working together towards recovery by providing training in problem solving, social skills, communications skills and coping skills.

### **Eligibility:**

To be eligible for the EBP rate, a program:

1. Shall be approved by Office of Health Care Quality and in compliance with regulations for Outpatient Mental Health Clinic (OMHC) COMAR 10.21.20.
2. Shall complete training from an approved Mental Hygiene Administration (MHA) training program in order to demonstrate competence by incorporating principles of Evidence-Based Practice (EBP) in FPE.
3. Shall have its competency validated annually by MHA approved evaluators by meeting the FPE fidelity standards, by a minimum score of 4.0 out of 5 overall.
4. When meeting standards outlined in 3 above, the program is eligible for the increased rate until the next annual fidelity evaluation.
5. Not meeting fidelity standards, the program may request another fidelity evaluation after three months from the date of the original fidelity evaluation. During this time the program is no longer eligible for the EBP rate.
6. If after two fidelity evaluations, the program is unable to demonstrate fidelity by a score of 4.0 overall, may be eligible for a new fidelity evaluation after one year from the date of the last fidelity evaluation.

**Training:**

Plan is to provide training by University of Maryland- Evidence-Based Practice Center and other existing FPE programs through monthly meetings and conference calls.

Programs may submit alternative plans for training in the FPE EBP principles. These are to be submitted through the Core Service Agency (CSA) for review and to MHA for approval.

**Proposed Rates:**

Programs that meet the EBP criteria through the fidelity standards as outlined above will be eligible to receive the following rate:

H 2027 \$ 50 per family group (with the consumer) per individual served. Provider may only submit one claim per family regardless of the number of family members participating in group.

H1011 \$50 per family group (without the consumer) per individual served. Provider may only submit one claim per family regardless of the number of family members participating in group.

For OMHCs interested in developing FPE services submit plans to the CSA for review and the CSA will forward to MHA. The plan shall include timelines for implementation and process and request for training. MHA and CSAs will notify interested OMHCs of training options. MHA will add new eligible FPE programs when MHA's EBP regulations are adopted. At that time, new programs may request a fidelity evaluation to determine if they are eligible to participate in the EBP project.

Resource materials:

[www.samhsa.gov](http://www.samhsa.gov)

[www.mentalhealthpractices.org](http://www.mentalhealthpractices.org)



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

**To: PMHS Providers**

**From: Brian Hepburn, M.D., Director, MHA**

**Date: August 9, 2007**

**Re: Medication Management**

IMPORTANT REMINDER – All medication management visits must be registered in APS CareConnection® for dates of service beginning **September 1, 2007**.

OMS eligible consumers receiving medication management-only services from an OMS provider must be entered into the OMS system in APS CareConnection® by September 1, 2007. It is strongly recommended that providers start entering these consumers into the OMS system prior to September 1, 2007.

**All open Medication Management authorizations to an OMS provider for an OMS consumer will be end dated by MAPS-MD on August 31, 2007.**

OMS providers providing medication management services to non-OMS consumers must register consumers in APS CareConnection® for medication management dates of service beginning September 1, 2007. (Non-OMS consumers include children under age 6 and those seen by another OMS provider who completes the OMS questionnaires for that consumer.)

Non-OMS providers must register consumers in APS CareConnection® for medication management dates of service beginning September 1, 2007.

For complete information, please refer to DHMH Policy Change memo dated January 8, 2007.





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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

TO: PMHS Providers

FROM: Susan Steinberg, Deputy Director, MHA

DATE: November 30, 2007

RE: **Bell Sentenced for Role in Felony Medicaid Fraud Scheme**

Details can be accessed at: <http://www.oag.state.md.us/Press/2007/111907.htm>

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

*Web Site:* [www.dhmh.state.md.us](http://www.dhmh.state.md.us)



STATE OF MARYLAND

DHMH

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

## Important National Provider Identifier (NPI) Time Frame Changes

**The Maryland Medicaid Program will not be ready to implement the National Provider Identifier (NPI) requirements by May 23, 2007.** Although we have made significant progress, additional time is required to modify and test MMIS to ensure correct and timely payment of claims using the NPI. The Program plans to be fully compliant on July 30, 2007. Failure to follow the directions will result in the Program's inability to process your claims and your inability to receive payment.

### April 16 – July 29<sup>th</sup>

- **Dual-Use Period for Electronic Claims** - Beginning April 16, 2007, the Department of Health and Mental Hygiene will implement a dual-use period so that Maryland Medicaid will be consistent with other payers. During this period, providers will use their legacy provider number and their NPI for electronic claim transactions.

Because the program will not be ready to implement NPI by the federally mandated date, **providers must continue to use their nine-digit legacy Maryland Medicaid provider number on claims submitted before July 30, 2007.** The Program will adjudicate claims using the Maryland Medicaid legacy number. During this period, the Maryland Medicaid legacy number and the NPI will appear on the 835 electronic remittance advice.

- **Paper Claims** - The Maryland Medicaid Program will not be ready to implement the UB04 and the CMS 1500 health insurance claims forms until we fully implement NPI. **Please continue to use the UB 92 and HCFA 1500 on claims submitted before July 30, 2007.** You should continue to use your legacy number when completing the UB92 and HCFA 1500. Your claims will be returned if you use the UB04 prior to July 30, 2007.

For dental providers, we are anticipating having the ADA billing form available by July 30, 2007. All providers will receive new billing instructions.

- **Electronic Claims Formats** - All providers must continue to submit the 837I, 837P and/or 837D using our current billing instructions until July 30, 2007. Submitting claims in the UB04/ CMS 1500 format prior to this date will cause your claims to be rejected and we will be unable to process your claims.

- **Reporting your NPI** - The Department of Health and Mental Hygiene is concerned that we have not received NPIs from most of our providers. If you have not applied for your NPI, please do it now. After you obtain your number with NPPEs, please report it to us. We have attached a new form to help expedite this process.

### **Effective July 30, 2007**

- Effective July 30, 2007, you will use the NPI as the primary identifier when billing Maryland Medicaid.

## **ATTENTION: PROVIDERS**

**If you have not applied for an National Provider Identifier (NPI), immediately apply via the Centers for Medicare and Medicaid Services website at [www.cms.hhs.gov/NationalProvidentStand](http://www.cms.hhs.gov/NationalProviderStand)**

When you apply you will need to apply as either a Type 1 or a Type 2 provider.

- Type 1 providers are individual health care providers who are operating independently. Examples are physicians, nurse practitioners, physical therapists, behavioral health providers, etc. All sole proprietors regardless of whether or not they file electronic transactions are required to have an NPI.
- Type 2 providers are health care provider organizations, such as hospitals, clinics, group practices or corporations. All incorporated health practices and/or group practices are eligible for enumeration as Type 2 providers. Additionally, Type 2 organizational providers should also enumerate their individual provider employees as Type 1 providers to distinguish them individually and avoid possible delays in payments.

**INDIVIDUAL PROVIDERS** - Individual providers will obtain only one NPI. This NPI needs to be linked to the active Maryland Medicaid provider number. Because we can only link the NPI with one Medicaid provider number, it is necessary for us to “collapse” all other Medicaid legacy numbers into one “primary” number. This “primary” number will be your active provider number with the lowest last two digits (“00”, “01”, “02” etc.). We will associate your NPI with this “primary” number. Please begin using this number when we begin the dual use period, April 16, 2007.

**GROUP PROVIDERS** -Group Practice enrollment allows multiple fee-for-service practitioners to bill and be paid under one Group Practice NPI. All individual practitioners in the Group Practice must also be enrolled in the Maryland Medicaid Program and have an individual NPI (Type 1). In addition, the Group Practice must enroll in the Maryland Medicaid Program and have an organization NPI (Type 2).

**MEDICARE CROSSOVER** - In order for Medicare Crossover claims to be paid on July 30, 2007, NPIs used on claims submitted to Medicare must be enrolled with the Maryland Medicaid Program. Medicare Crossover claims received with NPIs that are not enrolled with Maryland Medicaid will be denied beginning July 30, 2007.

Providers that currently have units, departments, or locations that are enrolled with Medicare, but that are not currently enrolled with Maryland Medicaid, will need to enroll those NPIs with Maryland Medicaid as Medicare providers. Currently, Maryland Medicaid links Medicare Provider Identification (Vendor) Numbers to Medicaid Provider Identification Numbers through a crosswalk in order to process certain Medicare Crossover claims.

Group Practices that are enrolled with Medicare will need to enroll their organization's NPI as a Group Practice with Maryland Medicaid, and their individual practitioners as members of the group. Medicare Crossover claims received for Rendering Providers that are not enrolled with Maryland Medicaid as a member of the Group Practice will be denied.

During the dual use period, you will need to submit your NPI and your Medicaid legacy number. On July 30, 2007, you will only need to submit your NPI.

**If you have already received your NPI, immediately register your NPI with Maryland Medicaid by using the attached form.**

To date, the Program has received NPIs for approximately 16% of our current active providers. We are again requesting providers to send a copy of their NPI letter to the Maryland Medicaid Program as soon as possible so that the NPI number can be linked to the Maryland Medicaid legacy number. Failure to do so will result in loss of payment beginning July 30, 2007.

**To register, please provide us with:**

- **a completed registration form and**
- **a copy of the document form you have received from the National Plan and Provider Enumeration System (NPPES) that includes your NPI**

**You can:**

- **Mail both items to Provider Enrollment, P.O. Box 17030, Baltimore, MD 21203 or**
- **Fax both items to Provider Enrollment at (410) 333-5341 or**
- **Use an electronic registration process if you are a provider with multiple NPIs. When you have multiple NPIs, email a request to use this process to [NPIMedicaid@dhmh.state.md.us](mailto:NPIMedicaid@dhmh.state.md.us)**

For additional NPI information, please visit our website at [www.dhmh.state.md.us](http://www.dhmh.state.md.us)

## Maryland Medicaid National Provider Identifier (NPI) Registration

Register your National Provider Identifier (NPI) with Maryland Medicaid using this document. This will help ensure timely and accurate claim payment processing. If you are registering more than one NPI, complete this registration for *each* NPI. Include a copy of the National Plan and Provider Enumeration System (NPPES) confirmation notice for each one.

### Type 1 Entities

NPI Type 1 entities such as physicians, nurses, dentists, doctors of chiropractic, pharmacists, and physical therapists are considered **individual** health care providers.

Practitioner's full name <i>Last</i>		<i>First</i>	<i>MI</i>	Date of birth	/	/
NPI 10-digit number						
9 digit Maryland Medicaid Legacy Provider Number associated with this NPI						
Service Location Address						
City		State			ZIP Code	

### Type 2 Entities

NPI Type 2 entities such as hospitals, home health agencies, clinics, SNFs, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, health maintenance organizations, DME suppliers, and pharmacies are considered **organization** health care providers.

Legal entity name		Tax ID				
NPI 10-digit number						
9-digit Maryland Medicaid Legacy Provider Number associated with this NPI						
Service Location Address						
City		State			ZIP Code	

Submitted by (Provider or Authorized Representative)				Date			/	/		
Title					Telephone number				(	)

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258  
*Web Site:* [www.dhmh.state.md.us](http://www.dhmh.state.md.us)

## MEMORANDUM

To: Program Directors  
Outpatient Services

From: Brian Hepburn, M.D.  
MHA Executive Director

Re: Policy Clarification: **Outpatient Services / Nurse Practitioners**

Date: July 20, 2007

---

This memorandum is to further clarify nursing services that are reimbursable through the Public Mental Health System (PMHS). The services nurses provide are governed by the Nurse Practice Act (Annotated Code of Maryland, Health Occupations Article, Title 8; and COMAR Title 10, Subtitles 27 and 39.)

A. Within an **Outpatient Mental Health Clinic** (OMHC):

1. Providers may bill the PMHS for the following services performed by a ***RN-C or RN-BC*** (certification in Psychiatric and Mental Health Nursing through the American Nurses Credentialing Center): ***Certified Registered Nurse Practitioners with a Psychiatry specialty, CRNP-P; and Certified Advanced Practice Registered Nurse/Psychiatric Mental Health, APRN/PMH:***
  - 90801 Psychiatric interview exam
  - 90804 - 90809 (individual therapy, which includes individual supportive counseling)
  - 90846, 90847, 90847-52 (family therapy, which includes family supportive counseling)
  - 90849 90849-52 (multi-family group therapy, which includes group supportive counseling)
  - 90853, 90853-21 (group therapy, which includes group supportive counseling)
  - 90875, 90876 (individual psychophysio therapy including biofeedback)
  - H0032 (Interdisciplinary Treatment Planning)
  - 90889 (OMS Discharge)



- H2027 (Family psycho-education)
2. Providers may bill the PMHS for medication management (90862) or therapy with medication management (90805, 90807) if performed by a Certified Registered Nurse Practitioner with a specialty in Psychiatry (CRNP-P), as permitted by the Board of Physicians and the Board of Nursing.

The OMHC, as a component of its credentialing process shall assure nurses have the proper credentials and competencies to perform mental health treatment, medication management, and evaluation services, and shall keep a copy of the required documentation in the nurse's personnel record.

#### **B. Group or Individual Practice**

1. The PMHS will only reimburse *Certified Registered Nurse Practitioners with a Psychiatry specialty, CRNP-P; and Certified Advanced Practice Registered Nurse/Psychiatric Mental Health, APRN/PMH*. The following services are reimbursable:
  - 90801 Psychiatric interview exam
  - 90804 -90809 (individual therapy, which includes individual supportive counseling)
  - 90846, 90847, 90847-52 (family therapy, which includes family supportive counseling)
  - 90853, 90852-21 (group therapy, which includes group supportive counseling)
  - 90875, 90876 (individual psychophysio therapy including biofeedback)
  - 90862, 90805, 90807 (medication management or therapy with medication management) if performed by a Certified Registered Nurse Practitioner with a specialty in Psychiatry (CRNP-P), as permitted by the Board of Physicians and the Board of Nursing.
2. **Special Instructions for individual and group practices:** Prior to obtaining authorizations and enrolling in MAPS-MD, the provider must submit the following to Susan Steinberg, Deputy Director, Mental Hygiene Administration, 55 Wade Avenue, Catonsville, MD 21228:
  - Copy of nursing license with either the CRNP-P or APRN/PMH certification.
  - Medicaid Number. If in group practice, name of group practice and group MA number, as well as individual rendering number.
  - If seeking authority to provide medication management- must provide a copy of the written agreement between the nurse practitioner and a psychiatrist pursuant to COMAR 10.27.07.02.

The Mental Hygiene Administration will review your credentials. If approved, MHA will advise MAPS-MD that the nurse is eligible to receive authorizations. It will be the responsibility of the nurse to properly enroll with MAPS-MD, MHA's Administrative Service Organization. See: <http://www.maps-md.com>. The nurse performing the service as an independent practitioner must have a Medicaid provider number (either individual number, or a rendering number), and the Medicaid number must be included on the claim as the rendering provider of the service.

If approval to participate in the PMHS is denied, the nurse may file an appeal within 30 days of notice of MHA's decision with Brian Hepburn, Director, Mental Hygiene Administration or file an administrative appeal pursuant to

- (1) COMAR 10.01.03;
- (2) State Government Article, Title 10, Subtitle 2, Annotated Code of Maryland; and
- (3) Health-General Article, § 2-201--2-207, Annotated Code of Maryland.

If you have further questions, please contact Ms. Susan Steinberg at 410-402- 8451.

cc: MHA Management Committee  
CSA Directors  
Jennifer Huber  
Nancy Calvert



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

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

## POLICY CHANGE

To: **PMHS Providers**

From: **Brian Hepburn, M.D., MHA Executive Director**

Date: **January 8, 2007**

Re: **Registration of Medication Management visits for OMS and non-OMS providers and consumers**

---

**All** medication management visits must be registered in APS CareConnection® for dates of service beginning **September 1, 2007**.

- OMS eligible consumers receiving medication management-only services from an OMS provider must be entered into the OMS system in APS CareConnection® by September 1, 2007. The provider should start with an OMS initial registration request. The 160 bundle authorization will include medication management services.
  - Any consumer with an existing APS CareConnection® medication management authorization may continue to receive medication management services under that authorization until it expires or August 31, 2007, whichever comes first. **All** medication management authorizations for OMS eligible consumers receiving services from OMS providers, which exist outside the OMS system, **will** be ended by MAPS-MD on August 31, 2007.

- Non-OMS providers and OMS providers providing medication management services to non-OMS consumers must register consumers in APS CareConnection® for medication management dates of service beginning September 1, 2007.
  - Providers may follow the current process (13 unmanaged/unregistered visits per calendar year) until August 31, 2007, *or*
  - Providers may begin registering medication management visits prior to the effective date of September 1, 2007.
  - Providers should use service codes 120 (Medicaid) and 121 (Uninsured Eligibility) to register medication management visits.
  - HSCRC regulated facilities billing a facility charge for non-OMS medication management should request service code 122.
  - On the initial registration, 13 medication management visits with a time span of 12 months from the date of the request will be automatically authorized.
  - Upon expiration of the initial 13 visits and/or expiration of the 12 month time span, the provider should request a continuing registration for ongoing medication management.
  - A treatment plan is not required. The only information required for continued authorization is diagnosis(es), medication(s) prescribed, and a clinical rationale for any requests which exceed 13 visits/12 months.
  - Any consumer with an existing APS CareConnection® authorization for medication management may continue to use that authorization until it expires, at which time providers should request continued registration for consumer medication management visits using the codes specified above.

If you have questions, please contact MAPS-MD Customer Service at 1-800-888-1965, option 3.



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

TO: Providers of Psychiatric Rehabilitation Programs (PRP)

FROM: Brian Hepburn, M.D.  
Executive Director, Mental Hygiene Administration

DATE: April 9, 2007

RE: PRP Uninsured Authorizations

---

The authorization and management of psychiatric rehabilitation program (PRP) services for uninsured individuals will change from the Core Service Agencies (CSA) to MAPS-MD effective July 1, 2007. The plan is to manage the state funds for PRP services on a statewide level while incorporating local management in the determination of priority of need and access to alternative services.

MAPS –MD will review the utilization of PRP for uninsured individuals by PRP provider, by county. Based upon MHA's prior year's CSA allocation, MAPS-MD will allocate 70% of previous PRP expenditures into PRP slots. While this is a benchmark for each PRP, individuals requesting PRP services will be reviewed by MAPS –MD for medical necessity determination. For the remaining 30 % of the funds budgeted, MAPS -MD will allocate based upon priority of need throughout the state. Before individuals will be authorized, the PRP or the individual, will attest and document that the individual has applied for all applicable entitlement programs, including Medicaid, indicating the outcome or the reason that the individual remains uninsured for PRP.

Priority of need will be based on:

- CSA determination of risk and county priority,
- Individuals to be discharged from a state hospital, and
- Individuals at risk of psychiatric hospitalization.

When funds are no longer available for new PRP services at a PRP, the program may enter the request for PRP services into APS CareConnection® for medical necessity determination. If the individual meets medical necessity criteria, the approval will be on hold, pending, up to 60 days until funds are available for PRP services. After 60 days the PRP will be required to re-enter and update the information in APS CareConnection ®.

MAPS-MD will contact the CSA to determine if other Public Mental Health System (PMHS) services may be accessed for uninsured individuals unable to obtain PRP services. Each CSA will designate a PRP uninsured liaison as the contact for MAPS- MD. MAPS-MD will designate one care manager as the central coordinator and contact for this project. Monthly, MAPS-MD will provide CSAs with a list of individuals approved for PRP and the individuals pending by PRP.

Weekly, MAPS MD will monitor the statewide allocation and approve new individuals based upon priority of need and funds available. Individuals on Medicaid who lose eligibility and are authorized for PRP services will be automatically authorized for uninsured PRP. MAPS –MD will review individuals receiving PRP to determine if other services may be accessed or to determine if the individual continues to meet medical necessity criteria. The length of authorization will not exceed 6 months.



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

To: All PMHS Providers

From: Susan Steinberg  
Deputy Director, Mental Hygiene Administration  
Community Programs & Managed Care

Date: July 6, 2007

Re: Authorization of Services

This is to remind all mental health providers that pursuant to Maryland regulations all non-emergency mental health services must be pre-authorized. This applies to all levels of care, and all consumers whether they are Medicaid recipients or “uninsured eligible” consumers.

There is only one exception: The consumer received retro-eligibility for Medicaid after the provision of the service, and MHA did not pay for the service as an “uninsured eligible” consumer.

MAPS-MD has been instructed by MHA not to back-date authorizations for non-emergency services.

If you have any questions, or seek to appeal the denial of the retro-authorization, please contact me. My telephone number is 410-402-8451, or I can be reached via email at [Ssteinberg@dnhm.state.md.us](mailto:Ssteinberg@dnhm.state.md.us). Appeals must be in writing and include consumer's name or MA number, a detailed reason why pre-authorization was not obtained, the date of service, and the date MAPS-MD was contacted regarding the authorization request.

Cc: MAPS-MD  
CSA's

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dnhm.state.md.us](http://www.dnhm.state.md.us)



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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

To: PMHS Providers  
From: Brian Hepburn, M.D., Director, MHA  
Date: September 11, 2007  
Re: Backdated Authorization Requests

Authorization for all emergency admissions, whether to acute inpatient or crisis beds, should be requested at the time of admission, but no later than 24-hours following admission. Requests for additional days of care following admission should be submitted the day before the end-date of the current authorization to allow time for review. Requests must be submitted no later than the end-date of the current authorization.

Maryland regulations state that all non-emergency services must be authorized prior to the beginning of services. It is expected that all non-emergency services that require preauthorization will be requested from, and pre-authorized by, MAPS-MD or a CSA, as required.

MHA has instructed MAPS-MD to backdate authorizations only if the consumer received retro-eligibility for Medicaid after the provision of the services began **and** MHA did not pay for the service as an “uninsured eligible” consumer.

MHA understands that there may occasionally be extenuating circumstances and has established a process for reconsideration. Requests for reconsideration if the failure to obtain the pre-authorization was due to actions by the State, MAPS-MD or the consumer, must be in writing and contain the following information: consumer name and number, type of services being sought, date(s) of services being requested, number of units being requested, whether the services have already been requested through APS CareConnection®, reason for the lack of an authorization, and whether the consumer is currently receiving services. Requests addressed to Susan Steinberg, Deputy Director, Mental Hygiene Administration can be faxed to: (410) 402-8441, e-mailed to [ssteinberg@dhmh.state.md.us](mailto:ssteinberg@dhmh.state.md.us), or mailed to: Mental Hygiene Administration, Dix Building, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, MD 21228. If you have questions, please contact Ms. Steinberg at (410) 402-8451.

Please understand that MHA must justify any deviation from policy to its auditors

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)

## MEMORANDUM

October 3, 2007

TO: State Mental Health Commissioners/Directors

FROM: Robert W. Glover, Ph.D., Executive Director  
Elizabeth Prewitt, Director of Government Relations

RE: Update on Children's Health Insurance Program and  
Tamper-Resistant Prescription Pads

This is a quick update on several developments since the last Meet-Me Call on September 18:

**SCHIP:** As expected, President Bush vetoed the State Children's Health Insurance Program (SCHIP) legislation today. While there are sufficient votes to override the veto in the Senate, there are not enough votes in the House. The House just agreed to vote on the veto override on October 18 which would allow time for proponents of SCHIP expansion to build support for the override. To maintain funding after the program expired on September 30, the Congress approved legislation to sustain current funding for the SCHIP program through November 16.

In addition to providing an additional \$35 billion in funding over five years for low-income children, this legislation contained two very important mental health provisions: --a moratorium on the issuance of regulations and other administrative action on the rehabilitation option and school-based services until May 28, 2008 --strong mental health parity protections for the plans offered in the SCHIP program

**Medicaid Requirement for Tamper-Resistant Prescription Pads:** On September 29, President Bush signed legislation (PL 110-90) which contained a provision delaying for six months the implementation of a new Medicaid requirement for prescriptions to be filled on tamper-resistance pads. NASMHPD joined over 100 organizations in voicing opposition to this new requirement and urging a delay in implementation to allow states to work with physicians and pharmacies to comply. The requirement was to take effect on October 1.





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 – John M. Colmers, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

August 30, 2007

**Management of Uninsured individuals requesting Psychiatric Rehabilitation Program (PRP) Service**

At the time MAPS–MD assumed responsibility for management of the PRP uninsured benefit, all the state general funds allocated for this service were committed to uninsured consumers currently receiving PRP services. As a result of this current commitment to consumers in PRP service, the low frequency of PRP discharges to other levels of care, and to make certain that FY 08 budget allocation is not exceeded, MAPS-MD will not approve new uninsured requests for PRP services. Since funds are limited, unless there are discharges of current consumers, approval of new requests for services will be for consumers discharged under a conditional release, those being discharged or diverted from state hospitals, and those stepping down from RRP's. MAPS-MD is requesting that providers maintain a list of those individuals for whom PRP services are being requested and work with the Core Service Agency (CSA) to pursue other services and supports for these consumers. Providers are also required to assist uninsured consumers receiving PRP services to apply for Medical Assistance benefits.

MAPS-MD will update CSAs as funds become available through discharge of current consumers to other levels of care.

New and continued requests will be changed to a two to three month period in order to serve those individuals with the greatest need for PRP within MHA's allocation.

All PRP services require pre-authorization. Services will only be reimbursed when the authorization was obtained in advance of the service provision. Exceptions may be granted for situations when the individual loses Medicaid eligibility. In this situation authorization under grey zone will be approved up to a two month period

MHA will be revising the procedures for MAPS-MD authorizations for uninsured individuals to assure that PRP services are provided to those with the greatest needs. Additional information and clarification will be provided by October 1, 2007.