



MONTGOMERY COUNTY EXECUTIVE REGULATION

Offices of the County Executive • 101 Monroe Street • Rockville, Maryland 20850

Subject: Functions, Powers and Duties – Regulations – Fee Schedules

Number: 19-20

Originating Department:
Office of Health and Human Services

Effective Date:

Office of Health and Human Services
Montgomery County Regulation on:

FUNCTIONS, POWERS AND DUTIES – REGULATIONS - FEE SCHEDULES

Issued by: County Executive
COMCOR 02.42A.01, 02.42A.02, 02.42A.03, 02.42A.04, and 02.42A.05
Authority: Code Section 2-42A(e)
Supersedes: Executive Regulations 21-98AM, 30-92, 31-92, 61-92 and 1-95, in part
Council Review Method (1) Under Code Section 2A-15
Register Vol. 37, No. 1
Comment Deadline: January 31, 2020
Effective Date: _____
Sunset Date: None

SUMMARY: This regulation amends Sections 02.42A.01, 02.42A.02, 02.42A.03, 02.42A.04, and 02.42A.05 of the Code of Montgomery County Regulations to update program and department titles, and fee schedules.

ADDRESS: Department of Health and Human Services
401 Hungerford Drive
Rockville, Maryland 20850

STAFF CONTACT: Leslie Frey, 240-372-7441 or Leslie.frey@montgomerycountymd.gov

BACKGROUND: The regulation reflects the change of name from the Maryland Department of Health and Mental Hygiene to the Maryland Department of Health and corrects numbering. It also removes reference to a statement of age card formerly issued by the Department of Health and Human Services and specific fees to be collected by the Department. The regulation replaces the specific fees with references to the Maryland Department of Health’s issuance of the fee schedules so that as the state alters the fees in the future, the County Code of Regulations will not have to be updated

COMCOR 02.42A.01 Crime Victim Compensation Fund

02.42A.01.01 Definitions



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Crime: An act committed by any person which would be a crime under the laws of this County, the State of Maryland, Federal Law, or at Common Law.

Department: Montgomery County Department of Health and Human Services.

Director: The director of the Montgomery County Department of Health and Human Services or the director’s designee at or above the level of program administrator.

Fund: Crime Victim Compensation Fund.

Immediate Family Member: A parent, child, spouse, or sibling of the victim.

Income Eligible: A victim whose gross annual income is within the eligibility guidelines as set by the Montgomery County Housing Opportunity Commission for Federally subsidized benefits.

Law Enforcement Agency: Defined for purposes of this regulation as:

[(a)]A. [The] the Maryland State Police;

[(b)]B. [The] the Montgomery County Police Department;

[(c)]C. [The] the Police Department, Bureau, or Force of any incorporated city or town lying within Montgomery County;

[(d)]D. [The] the Montgomery County [Sheriffs] Sheriff’s Department;

[(e)]E. [Appropriate] appropriate Federal law enforcement agency; and

[(f)]F. [Any] any comparable law enforcement agency outside Montgomery County.

Program: Victim Assistance and Sexual Assault Program of the Crisis, Income and Victim Services Area of the Department of Health and Human Services.

Program Administrator: Administrator of the Victim Assistance and Sexual Assault Program.

Victim: A person who suffers direct or threatened physical, emotional, or financial harm as a result of a crime or attempted crime and includes immediate family members or household members.



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02.42A.01.02 Responsibilities of the Department

- 2.1 The Department of Health and Human Services is responsible for establishing necessary departmental procedures to ensure the expeditious handling of all request for victim compensation.
- 2.2 As part of the annual budget submission, the County Executive will state the amount raised by the Victim Assistance and Sexual Assault Program in the previous calendar year and recommend, in addition to the regular appropriation for the program, an additional appropriation necessary for a 2-1 County match of private donated funds.

02.42A.01.03 Victim Identification

- 3.1 In addition to self-referrals, the Program will accept referrals from the Police, the Courts, the State's Attorney's Office, the Abused Persons Program, and other individuals, programs, and agencies who have come into contact with victims of crimes.

[02.42A.01.014] 04.42A.01.04 Eligibility

- 4.1 To be eligible to receive compensation from the Fund, an individual must be a victim of a crime committed in Montgomery County or a resident of Montgomery County who is a victim of a crime in another jurisdiction where comparable compensation is not available. The crime must have been reported to an appropriate law enforcement, domestic violence or sexual assault agency within forty-eight hours after its occurrence or its discovery. The Program Administrator may waive this deadline if the administrator determine that it was difficult or impossible for the victim to meet the deadline. Reporting to an appropriate law enforcement agency means that a crime report number is issued and recorded in that law enforcement office.
- 4.2 In addition, immediate family members and household members of a victim are eligible to receive compensation from the Fund.

02.42A.01.05 Compensation

- 5.1 Income eligible victims are eligible for costs incurred for court appearances, claim hearings, and medical (including mental health) treatment; replacement of property lost as a result of a crime and needed for the well-being of the victim; and other services or



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financial assistance directly related to the effects of the crime on the victim. Total compensation per single criminal incident is limited to \$2,500.00

- 5.2 A member of a victim's immediate family or household may receive compensation for mental health services only. Reasonable proof that a relationship qualifies under this subsection may be requested. Reasonable proof shall consist of one or more of the following: marriage certificate, birth certificate, lease or mortgage statement demonstrating joint residence; utility bills demonstrating joint residence; or documentation that the Director determines is equivalent to the above.
- 5.3 Compensation for mental health services for the victim's immediate family or household members may not exceed \$500 (20 [percent] % of the maximum compensation) if the member of the immediate family or household meets income limits that apply to the victim.
- 5.4 Compensation for mental health services for the victim's immediate family or household members may not exceed \$250 (10% of the maximum compensation) if the member of the immediate family or household is not income eligible and the Director waives the income limits. The Director may waive income eligibility if he determines doing so will promote the Fund's purpose of assisting and supporting crime victims.
- 5.5 Compensation for mental health services paid for the victim's immediate family or household members is not included in the victim's total maximum compensation of \$2,500 per single criminal incident.
- 5.6 The Director may waive the income limits if the Director determines that the costs of the crime are likely to reduce the victim's income below the income limits within twelve (12) months of the date of application for assistance.
- 5.7 The Director may waive the income limits for a victim who is not income eligible for a maximum compensation of \$250 (10% of the maximum compensation). Income eligibility may be waived if the Director determines doing so will promote the Fund's purpose of assisting and supporting crime victims.
- 5.8 Compensation, replacement of property and other financial assistance are available only to the extent that they are not available from insurance, the State victim compensation program, the Partnership Board for Victims of Hate Violence, or any other source.

02.42A.01.06 Filing Claims



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- 6.1 To file a claim for compensation or property replacement, victims, immediate family members, and household members must complete an application form and deliver the completed form to the Program.
- 6.2 To file a claim for compensation victims, immediate family members, and household members must sign a statement affirming that all information provided and statements made to the Program are true and based on personal knowledge.
- 6.3 Any claim for compensation must be filed by the victim, immediately family member or household member within 90 days after the crime is reported. The Program Administrator may waive the 90-day requirement if determined that it was difficult or impossible for the victim, immediate family members, or household member to meet the deadline.

02.42A.01.07 Responsibilities of the Program

- 7.1 After receipt of referral, a Victim Assistant should attempt to contact the victim within seven (7) working days to determine eligibility. Contact shall be done by mail when necessary. This initial contact will include the review of information affecting victim's eligibility, including but not limited to such items as general amount and urgency of need, potential insurance coverage and deductible amounts, and general income level of the victim.
- 7.2 If the victim is eligible for the program and desires assistance, a Victim Assistant will assist the victim in completing an application form.
- 7.3 Upon receipt of the compensation application form, the Victim Assistant will process the claim including, but not limited to, verification of the crime data, final eligibility determination and value assessment.
- 7.4 After investigation and determination of an appropriate compensation amount by the Victim Assistant, the Program Administrator shall approve or disapprove payment of the claim within 30 days of the Program Administrator determining that the application is complete, subject to the availability of funding.
- 7.5 The Program Administrator will prepare a written report on the Crime Victim Compensation Fund annually to the Victim Services Advisory Board.

02.42A.01.08 Review of Program



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- 8.1 The Victim Services Advisory Board will review the annual report presented by the Program Administrator and make recommendations for changes and/or improvements to the Director of the Department of Health and Human Services.
- 8.2 The Victim Services Advisory Board will include their review of the Crime Victim Compensation Fund in their annual report to the County Executive and County Council.

02.42A.01.09 Effective Date

- 9.1 This regulation takes effect 30 days after approval by the County Council.

COMCOR 02.42A.02 Reserved [Statement-of-Age Card Fee]

[02.42A.02.01 Background and Fee

1. Section 3-202(c), of Health-General Article, Annotated Code of Maryland authorizes each county board of health to set any fee or charge for services which are not wholly or partly provided by State or federal funds administered by the State Department of Health and Mental Hygiene.
2. Section 2-42(b), Montgomery County Code 1984, as amended, requires that fees for Health Department services will be established by the County Executive who may from time to time change them in an amount not to exceed the cost of the services provided.
3. The fee to be charged for the preparation of a Statement-of-Age Card by the Health Department is established as \$4.00.

02.42A.02.02 Effective Date

This regulation takes effect thirty (30) days after the deadline for comments published in the Register.]

COMCOR 02.42A.03 Montgomery County Department of Health and Human Services Fee Schedule

02.42A.03.01



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Section 16-201(b), Health-General Article, Annotated Code of Maryland, requires political subdivisions to set charges and collect fees for health and health-related services funded in whole or in part by State or federal funds. Services provided by the Montgomery County Department of Health and Human Services [Department services] are affected by this law.

02.42A.03.02

Section [2-42(b)] 2-42A(e), Montgomery County Code [1984] requires that fees for Department of Health and Human Services [Department] services will be established by the County Executive who may from time to time change them in an amount not to exceed the actual cost of the services provided.

02.42A.03.03

The current maximum fee to be charged by the Department of Health and Human Services [Department] for the health services it provides is determined annually by the Maryland Department of Health [DHMH].

02.42A.03.04

The Maryland Department of Health [and Mental Hygiene] annually issues an Ability to Pay Schedule in accordance with its responsibilities under Section 16-201, Health-General Article, Annotated Code of Maryland. That portion of the authorized service fee to be paid by a client is determined by reference to the Ability to Pay Schedule. No client is denied services due to inability to pay.

COMCOR 02.42A.04 Death Certificate Fee

02.42A.04.01 Background and Fee

1. Section 4-217(d), of Health-General Article, Annotated Code of Maryland authorizes each county local health department to set and collect a fee for processing and issuing a death certificate that covers the administration cost of providing this service. The fee set by the local health department for processing and issuing a death certificate is [as] determined by the Health Officer.
2. Section [2-42(b)] 2-42A(e), Montgomery County Code [1984], as amended, requires that fees for Department of Health and Human Services [Department] services be established



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by the County Executive who may from time to time change them in an amount not to exceed the cost of the services provided.

- 3. The fee to be charged for the preparation of a death certificate will be determined by the Health Officer based on [his] the determination of the actual cost of processing and issuing a death certificate.

02.42A.04.02 Effective Date

This regulation takes effect thirty (30) calendar days after the deadline for comments published in the Register.

COMCOR 02.42A.05 Ability to Pay Schedule [Fee Schedule for DAVMHS Programs]

[02.42A.05.01 Department Wide Fees

| <u>SERVICE</u> | <u>UNIT OF COST</u> | <u>FEE</u> |
|---|------------------------------|------------|
| A. Reproductions of Medical Records | Page | \$ 1.00 |
| B. Medical Abstract and Formal Written Report | Each | \$ 25.00 |
| C. Health/Client/Family Education | Session | \$ 6.00 |
| D. Court Testimony | Per Hour or Fraction Thereof | \$ 84.00] |

[02.42A.05.02 Division of Adult Addiction Services

| <u>SERVICE</u> | <u>UNIT OF COST</u> | <u>FEE</u> |
|--|---------------------|------------|
| A. DWI/TASC | | |
| DWI Diversion Fee | Per Client | \$ 75.00 |
| Assessments – TASC | Per Visit | \$ 84.00 |
| Urinalysis | Per Visit | \$ 15.45 |
| B. Outpatient Addiction Services (OAS) | | |



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Assessment, Case Management and Therapy Services Per Visit \$ 84.00

C. Residential Addiction Services (RAS)

Halfway Houses Per Day \$ 10.00

D. Methadone to Abstinence (MTA)

Methadone/Medical Monitoring Per Week \$ 70.00]

[02.42A.05.03 Division of Child and Adolescent Services

SERVICE UNIT OF COST FEE

A. Adolescent Treatment and Family Therapy Services (ATFTS)

Assessment, Case Management, and Therapy Services Per Visit \$ 84.00

B. The Other Way Day Treatment Program (TOWDTP)

Assessment, Case Management, and Therapy Services Per Visit \$ 84.00

C. Child Mental Health Services (CMHS)

Assessment, Case Management, and Therapy Services Per Visit \$ 84.00

D. Home Intervention Program/Community Support Services

Assessment, Case Management, and Therapy Services Per Visit \$ 84.00



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E. Therapeutic Nursery Program

Assessment, Case Management, and
Therapy Services

Per Visit

\$ 84.00

F. Child and Adolescent Community Support
Services

Initial Assessment

Per Client

\$250.00

Reassessment

Per Client

\$ 50.00

Ongoing Case Management

Per Month

\$335.00

Interagency Service Plan Development
or Revision

Per Client

\$135.00]

[02.42A.05.04 Division of Crisis Stabilization and Adult Mental Health Services

SERVICE

UNIT OF COST

FEE

A. Adult Outpatient Mental Health Services

Assessment, Case Management, Treatment,
Therapy Services

Per Hour or Fraction
Thereof

\$ 84.00

B. Crisis Stabilization Services

1. Client Rates (Individual, Family, Couples)

Assessment, Crisis Intervention,
Treatment

Per Hour or Fraction
Thereof

\$ 84.00

2. Community Consultation, Crisis
debriefing

Per Hour or Fraction
Thereof Per Therapist

\$ 50.00

3. Charges to Non-County Agencies/
Practitioners

a. Back-up Telephone Clinical Crisis



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Intervention

| | | |
|--------------------------|-----------------------|----------|
| Average 5 calls per week | Per Month – Flat Rate | \$250.00 |
| Over 25 calls/month | Per Hour | \$ 50.00 |

| | | |
|---------------------------------|--------------|----------|
| b. Mobile Crisis Team Responses | Per Response | \$325.00 |
|---------------------------------|--------------|----------|

| | | |
|-------------------------------|---------|----------|
| c. Triage and Evaluation Beds | Per Day | \$225.00 |
|-------------------------------|---------|----------|

d. Back-Up Walk-In Clinical Crisis Intervention

| | | |
|-----------------------------|-----------------------|----------|
| Average 1 walk-in per month | Per Month – Flat Rate | \$350.00 |
| Over 4 walk-ins/month | Per Hour | \$ 50.00 |

C. Community Support Services Programs

1. Assessment, Service Planning, Placement

| | | |
|----------------------------------|------------------------------|----------|
| Case Management[,] and Treatment | Per Hour or Fraction Thereof | \$ 84.00 |
|----------------------------------|------------------------------|----------|

2. Targeted Case Management

| | | |
|--------------------------|-----------|----------|
| Initial Assessment | Each | \$205.00 |
| On-going Case Management | Per Month | \$205.00 |

D. Senior Out Reach Team

| | | |
|---|-----------|-----------|
| Assessment, Case Management, and Therapy Services | Per Visit | \$ 84.00] |
|---|-----------|-----------|

[02.42A.05.05 Division of Services for Victims and Their Families

| | | |
|----------------|---------------------|------------|
| <u>SERVICE</u> | <u>UNIT OF COST</u> | <u>FEE</u> |
|----------------|---------------------|------------|

A. Abused Persons Program

| | | |
|------------------------|---------|---------|
| Abused Persons Shelter | Per Day | \$ 5.50 |
|------------------------|---------|---------|



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| Individual Therapy | Per Visit | \$ 40.00 |
| Group Therapy | Per Visit | \$ 20.00 |
| Abused Persons Offenders Counseling | Per Visit | \$ 20.00 |
| Transitional Housing Rental Fee | Per Night | \$ 5.00 |

B. Sexual Assault Services

| | | |
|--|------------------------------|----------|
| Individual Therapy | Per Visit | \$ 40.00 |
| Group Therapy | Per Visit | \$ 20.00 |
| Community Consultation, Crisis Debrief | Per Hour or Fraction Thereof | \$ 50.00 |

C. Victim Advocate Program

| | | |
|--|----------------------|-----------|
| Individual Therapy | Per Visit | \$ 40.00 |
| Group Therapy | Per Visit | \$ 20.00 |
| Community Consultation, Crisis Debrief | Per Hour or Fraction | \$ 50.00] |

[02.42A.05.06 Ability to Pay Schedule]

The Maryland State Department of Health [and Mental Hygiene] periodically issues an Ability to Pay Schedule for Clinic and Outpatient Services in accordance with its responsibilities under Section 16-201, Health-General Article, Annotated Code of Maryland. The amount of the authorized service fee to be paid by a client is determined by referring to the Ability to Pay Schedule. [A copy of the Ability to Pay Schedule can be found in the office of the Director, Department of Addiction, Victim, and Mental Health Services.] No client is denied services due to inability to pay.]

Approved:

Marc Elrich, County Executive

Date

Approved as to form and legality:



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/s/ Amy DiBiasio

Office of the County Attorney

12/14/2020

Date