

Maryland Register

Issue Date: September 21, 2012

Volume 39 • Issue 19 • Pages 1223—1292

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Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before August 30, 2012, 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of August 30, 2012.

Brian Morris
Acting Administrator, Division of State Documents
Office of the Secretary of State



Information About the Maryland Register and COMAR

MARYLAND REGISTER

The Maryland Register is an official State publication published every other week throughout the year. A cumulative index is published quarterly.

The Maryland Register is the temporary supplement to the Code of Maryland Regulations. Any change to the text of regulations published in COMAR, whether by adoption, amendment, repeal, or emergency action, must first be published in the Register.

The following information is also published regularly in the Register:

- Governor's Executive Orders
- Attorney General's Opinions in full text
- Open Meetings Compliance Board Opinions in full text
- State Ethics Commission Opinions in full text
- Court Rules
- District Court Administrative Memoranda
- Courts of Appeal Hearing Calendars
- Agency Hearing and Meeting Notices
- Synopses of Bills Introduced and Enacted by the General Assembly
- Other documents considered to be in the public interest

CITATION TO THE MARYLAND REGISTER

The Maryland Register is cited by volume, issue, page number, and date. Example:

- 19:8 Md. R. 815—817 (April 17, 1992) refers to Volume 19, Issue 8, pages 815—817 of the Maryland Register issued on April 17, 1992.

CODE OF MARYLAND REGULATIONS (COMAR)

COMAR is the official compilation of all regulations issued by agencies of the State of Maryland. The Maryland Register is COMAR's temporary supplement, printing all changes to regulations as soon as they occur. At least once annually, the changes to regulations printed in the Maryland Register are incorporated into COMAR by means of permanent supplements.

CITATION TO COMAR REGULATIONS

COMAR regulations are cited by title number, subtitle number, chapter number, and regulation number. Example: COMAR 10.08.01.03 refers to Title 10, Subtitle 08, Chapter 01, Regulation 03.

DOCUMENTS INCORPORATED BY REFERENCE

Incorporation by reference is a legal device by which a document is made part of COMAR simply by referring to it. While the text of an incorporated document does not appear in COMAR, the provisions of the incorporated document are as fully enforceable as any other COMAR regulation. Each regulation that proposes to incorporate a document is identified in the Maryland Register by an Editor's Note. The Cumulative Table of COMAR Regulations Adopted, Amended or Repealed, found online, also identifies each regulation incorporating a document. Documents incorporated by reference are available for inspection in various depository libraries located throughout the State and at the Division of State Documents. These depositories are listed in the first issue of the Maryland Register published each year. For further information, call 410-974-2486.

HOW TO RESEARCH REGULATIONS

An Administrative History at the end of every COMAR chapter gives information about past changes to regulations. To determine if there have been any subsequent changes, check the "Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed" which is found online at www.dsd.state.md.us/CumulativeIndex.pdf. This table lists the regulations in numerical order, by their COMAR number, followed by the citation to the Maryland Register in which the change occurred. The Maryland Register serves as a temporary supplement to COMAR, and the two publications must always be used together. A Research Guide for Maryland Regulations is available. For further information, call 410-260-3876.

SUBSCRIPTION INFORMATION

For subscription forms for the Maryland Register and COMAR, see the back pages of the Maryland Register. Single issues of the Maryland Register are \$15.00 per issue.

CITIZEN PARTICIPATION IN THE REGULATION-MAKING PROCESS

Maryland citizens and other interested persons may participate in the process by which administrative regulations are adopted, amended, or repealed, and may also initiate the process by which the validity and applicability of regulations is determined. Listed below are some of the ways in which citizens may participate (references are to State Government Article (SG), Annotated Code of Maryland):

- By submitting data or views on proposed regulations either orally or in writing, to the proposing agency (see "Opportunity for Public Comment" at the beginning of all regulations appearing in the Proposed Action on Regulations section of the Maryland Register). (See SG, §10-112)
- By petitioning an agency to adopt, amend, or repeal regulations. The agency must respond to the petition. (See SG §10-123)
- By petitioning an agency to issue a declaratory ruling with respect to how any regulation, order, or statute enforced by the agency applies. (SG, Title 10, Subtitle 3)
- By petitioning the circuit court for a declaratory judgment on the validity of a regulation when it appears that the regulation interferes with or impairs the legal rights or privileges of the petitioner. (SG, §10-125)
- By inspecting a certified copy of any document filed with the Division of State Documents for publication in the Maryland Register. (See SG, §7-213)

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Martin O'Malley, Governor; **John P. McDonough**, Secretary of State; **Brian Morris**, Acting Administrator; **Gail S. Klakring**, Senior Editor; **Mary D. MacDonald**, Editor, Maryland Register and COMAR; **Elizabeth Ramsey**, Editor, COMAR Online, and Subscription Manager; **Tami Cathell**, Help Desk, COMAR and Maryland Register Online.

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Illustrations by Carolyn Anderson, Dept. of General Services

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Individuals with disabilities who desire assistance in using the publications and services of the Division of State Documents are encouraged to call (410) 974-2486, or (800) 633-9657, or FAX to (410) 974-2546, or through Maryland Relay.

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COMAR Online

The Code of Maryland Regulations is available at www.dsd.state.md.us as a free service of the Office of the Secretary of State, Division of State Documents. The full text of regulations is available and searchable. Note, however, that the printed COMAR continues to be the only official and enforceable version of COMAR.

The Maryland Register is also available at www.dsd.state.md.us.

For additional information, visit www.sos.state.md.us, Division of State Documents, or call us at (410) 974-2486 or 1 (800) 633-9657.

Availability of Monthly List of Maryland Documents

The Maryland Department of Legislative Services receives copies of all publications issued by State officers and agencies. The Department prepares and distributes, for a fee, a list of these publications under the title "Maryland Documents". This list is published monthly, and contains bibliographic information concerning regular and special reports, bulletins, serials, periodicals, catalogues, and a variety of other State publications. "Maryland Documents" also includes local publications.

Anyone wishing to receive "Maryland Documents" should write to: Legislative Sales, Maryland Department of Legislative Services, 90 State Circle, Annapolis, MD 21401.

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CLOSING DATES AND ISSUE DATES through JANUARY 25, 2013

Issue Date	Emergency and Proposed Regulations 5:00 p.m.*	Final Regulations 10:30 a.m.	Notices, etc. 10:30 a.m.
October 5	September 17	September 26	September 24
October 19**	October 1	October 10	October 5
November 2	October 15	October 24	October 22
November 16	October 29	November 7	November 5
November 30**	November 9	November 16	November 15
December 14	November 26	December 5	December 3
December 28**	December 10	December 17	December 14
January 11**	December 20	January 2	December 27
January 25	January 7	January 16	January 14

* Due date for documents containing 8 to 18 pages — 48 hours before date shown; due date for documents exceeding 18 pages — 1 week before date shown

NOTE: ALL DOCUMENTS MUST BE SUBMITTED IN TIMES NEW ROMAN, 9 POINT, SINGLE-SPACED FORMAT. THE REVISED PAGE COUNT REFLECTS THIS FORMATTING.

** Note closing date changes

The regular closing date for Proposals and Emergencies is Monday.

REGULATIONS CODIFICATION SYSTEM

Under the COMAR codification system, every regulation is assigned a unique four-part codification number by which it may be identified. All regulations found in COMAR are arranged by title. Each title is divided into numbered subtitles, each subtitle is divided into numbered chapters, and each chapter into numbered regulations.

09.12.01.01D(2)(c)(iii)
 Title Subtitle Chapter Regulation Section Subsection Paragraph Subparagraph

A regulation may be divided into lettered sections, a section divided into numbered subsections, a subsection divided into lettered paragraphs, and a paragraph divided into numbered subparagraphs.

Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed

This table, previously printed in the Maryland Register lists the regulations, by COMAR title, that have been adopted, amended, or repealed in the Maryland Register since the regulations were originally published or last supplemented in the Code of Maryland Regulations (COMAR). The table is no longer printed here but may be found on the Division of State Documents website at www.dsd.state.md.us.

Table of Pending Proposals

The table below lists proposed changes to COMAR regulations. The proposed changes are listed by their COMAR number, followed by a citation to that issue of the Maryland Register in which the proposal appeared. Errata pertaining to proposed regulations are listed, followed by “(err)”. Regulations referencing a document incorporated by reference are followed by “(ibr)”. None of the proposals listed in this table have been adopted. A list of adopted proposals appears in the Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed.

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15.14.01.03,05,10 • 39:16 Md. R. 1106 (8-10-12)
 15.14.02.01—10 • 39:16 Md. R. 1106 (8-10-12)
 15.14.07.05,07 • 39:16 Md. R. 1106 (8-10-12)
 15.14.11.04 • 39:16 Md. R. 1106 (8-10-12)
 15.14.13.02,03,11,13 • 39:16 Md. R. 1106 (8-10-12)
 15.14.14.04 • 39:16 Md. R. 1106 (8-10-12)
 15.20.07.02 • 39:13 Md. R. 808 (6-29-12) (ibr)

19A STATE ETHICS COMMISSION

19A.02.01.01—04 • 39:16 Md. R. 1111 (8-10-12)
 19A.02.02.01—05 • 39:16 Md. R. 1111 (8-10-12)
 19A.02.03.01,02 • 39:16 Md. R. 1114 (8-10-12)
 19A.03.01.01—04 • 39:16 Md. R. 1115 (8-10-12)
 19A.03.03.01 • 39:16 Md. R. 1115 (8-10-12)
 19A.07.01.07 • 39:16 Md. R. 1117 (8-10-12)

21 STATE PROCUREMENT REGULATIONS

21.11.11.02 • 39:19 Md. R. 1284 (9-21-12)
 21.11.12.01—09 • 38:20 Md. R. 1249 (9-23-11)

22 STATE RETIREMENT AND PENSION SYSTEM

22.01.06.03,04 • 39:14 Md. R. 845 (7-13-12)
 22.01.12.01—03 • 39:14 Md. R. 846 (7-13-12)
 22.06.01.02—10 • 39:15 Md. R. 1008 (7-27-12)

PENDING PROPOSALS

1230

22.06.02.01—.08 • 39:15 Md. R. 1008 (7-27-12)
22.06.03.01—.03 • 39:15 Md. R. 1008 (7-27-12)
22.06.04.01—.04 • 39:15 Md. R. 1008 (7-27-12)
22.06.05.01—.06 • 39:15 Md. R. 1008 (7-27-12)
22.06.06.02 • 39:15 Md. R. 1008 (7-27-12)
22.06.07.01—.10 • 39:15 Md. R. 1008 (7-27-12)

26 DEPARTMENT OF THE ENVIRONMENT

Subtitles 08—12 (Part 2)

26.11.02.09 • 39:16 Md. R. 1118 (8-10-12)
26.11.08.08-2 • 39:16 Md. R. 1119 (8-10-12)
26.11.09.08 • 39:16 Md. R. 1120 (8-10-12)
39:16 Md. R. 1122 (8-10-12)
26.11.14.06—.08 • 39:16 Md. R. 1120 (8-10-12)
26.11.19.27-1 • 39:12 Md. R. 756 (6-15-12)
26.11.29 • 39:17 Md. R. 1177 (8-24-12) (err)
26.11.29.01—.05 • 39:16 Md. R. 1124 (8-10-12)
26.11.30.01—.08 • 39:16 Md. R. 1122 (8-10-12)
26.12.01.01 • 39:16 Md. R. 1126 (8-10-12) (ibr)

27 CRITICAL AREA COMMISSION FOR THE CHESAPEAKE AND ATLANTIC COASTAL BAYS

27.01.01.01 • 39:13 Md. R. 810 (6-29-12)
27.01.02.03—.05,.08 • 39:13 Md. R. 810 (6-29-12)
27.01.03.05,.07 • 39:13 Md. R. 810 (6-29-12)
27.01.06.02,.03 • 39:13 Md. R. 810 (6-29-12)
27.01.07.03 • 39:13 Md. R. 810 (6-29-12)
27.01.09.01,.01-8 • 39:13 Md. R. 810 (6-29-12)
27.02.01.01 • 39:13 Md. R. 810 (6-29-12)
27.03.01.01 • 39:13 Md. R. 810 (6-29-12)

29 DEPARTMENT OF STATE POLICE

29.06.01.02,.06—.10,.12,.14 • 39:17 Md. R. 1169 (8-24-12) (ibr)
29.06.03.01—.04 • 39:17 Md. R. 1169 (8-24-12)
29.06.07.03—.05,.07—.12,.14—.16 • 39:17 Md. R. 1169 (8-24-12)

30 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)

30.01.02.01 • 39:14 Md. R. 847 (7-13-12) (ibr)

31 MARYLAND INSURANCE ADMINISTRATION

31.12.08.04 • 38:17 Md. R. 1039 (8-12-11)
31.12.08.04,.06 • 39:2 Md. R. 223 (1-27-12)
31.16.10.01—.09 • 39:17 Md. R. 1173 (8-24-12)
31.17.03.02,.10 • 39:17 Md. R. 1175 (8-24-12)

33 STATE BOARD OF ELECTIONS

33.04.02.01 • 39:16 Md. R. 1127 (8-10-12)
33.08.01.01,.10 • 39:14 Md. R. 847 (7-13-12)
33.08.05.01—.06 • 39:14 Md. R. 847 (7-13-12)
33.10.02.38 • 39:14 Md. R. 847 (7-13-12)
33.10.11.38 • 39:14 Md. R. 847 (7-13-12)
33.13.02.02 • 39:16 Md. R. 1127 (8-10-12)

The Governor

EXECUTIVE ORDER 01.01.2012.17

Governor's Commission on South Asian American Affairs

WHEREAS, The State of Maryland has a growing South Asian American population and the State has an interest in helping to maximize the potential of its constituent citizenry;

WHEREAS, There is a need to continue and expand outreach that will engage individuals and organizations in the South Asian American community in partnerships with State government in promoting their social, cultural, and business interests, with a particular focus on community development;

WHEREAS, Issues affecting the South Asian American community, including economic, workforce, and business development, require the attention of multiple agencies across State government;

WHEREAS, The contributions of the growing South Asian American community to the State of Maryland have been numerous, and the South Asian American community has been a valuable asset to the State;

WHEREAS, Education, civic participation, and leadership opportunities continue to be highly important issues to the growing South Asian American community in the State of Maryland;

WHEREAS, There is a need for increased public awareness and public education on issues that are important to the South Asian American community in the State of Maryland;

WHEREAS, This Administration has determined that issues related to the South Asian American community are best addressed at the highest level of the Executive Branch; and

WHEREAS, The Administration wants to emphasize its commitment to the South Asian American people of Maryland by authorizing the Commission as part of the Governor's Office of Community Initiatives and focusing the Commission on issues related to community development.

NOW, THEREFORE, I, MARTIN O'MALLEY, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. The Commission shall consist of the following members:

(1) Twenty-One members appointed by the Governor. The members appointed by the Governor shall reflect the diverse ancestry and national origins of the South Asian American community of Maryland, shall provide representation from different geographic regions in the State, and may also include experts on issues important to the State's South Asian American population.

(2) Appointed members shall serve at the pleasure of the Governor for up to two consecutive four-year terms.

(3) The Governor shall designate a Chairperson from among the members of the Commission. The Chairperson shall serve at the pleasure of the Governor. The Chairperson shall be responsible for creating subcommittees to carry out the functions of the Commission.

(4) In the event of a vacancy on the Commission, the Governor shall appoint a successor.

B. Procedures.

(1) The Commission shall meet at the call of the Chairperson at least six times each year. Notice of meetings shall be published to encourage public attendance.

(2) A majority of Commission members shall constitute a quorum for the transaction of any business.

(3) The Commission may adopt such other procedures and by-laws as may be necessary to ensure the orderly transaction of business.

(4) By June 30 of each year, the Commission shall submit an annual report to the Governor detailing its activities in the preceding calendar year, along with any appropriate recommendations.

C. Expenses. Members of the Commission may not receive compensation for their services but may be reimbursed for reasonable expenses incurred in the performance of their duties, in accordance with the Standard State Travel Regulations, as provided in the State budget.

D. Operational Support. The Governor's Office of Community Initiatives shall provide support as needed to the Commission.

E. Duties. The Commission shall have the following duties and responsibilities:

(1) Serve as an advisory body to the Governor and agencies within the Executive Department on matters relating to the South Asian American population of Maryland, including matters relating to economic, educational, and workforce development;

(2) Identify needs or problems affecting the South Asian American population and develop appropriate responses and strategies;

(3) Conduct outreach to South Asian American groups and communities in the State and communicate information to them concerning public and private programs that are beneficial to their interests;

(4) Review and comment on any proposed federal, State, or local legislation, regulations, policies, or programs that affect the South Asian American population of Maryland;

(5) Generally comment and make appropriate recommendations on matters affecting the health, safety, and welfare of the South Asian American population of Maryland; and

(6) Perform any other duties that as requested by the Governor.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 29th Day of August, 2012.

MARTIN O'MALLEY
Governor

ATTEST:

JOHN MCDONOUGH
Secretary of State

[12-19-26]

The Judiciary

ADMINISTRATIVE OFFICE OF THE COURTS

ADMINISTRATIVE MEMORANDUM 12-3

ADMINISTRATIVE REGULATION XVII — PRE-SET FINES — MOTOR VEHICLE AND/OR PENALTY DEPOSITS — MOTOR VEHICLE LAWS

Revised to include the following additional charge effective October 1, 2012:

[Brackets around text] indicate language deleted from existing fine schedule.
Underlined text indicate language added to existing fine schedule.

Transportation Article		Charge	Fine	Points	Cont. to Accident	
Sec.	Para.				Fine	Points
13	106	<u>d2</u> <u>Owner of (motor scooter, moped) failure to display decal on vehicle as prescribed by MVA</u>	\$70.00	00		00

[12-19-36]

COURT OF APPEALS OF MARYLAND DISCIPLINARY PROCEEDINGS

This is to certify that by an Order of this Court dated August 1, 2012, **WILL ABERCROMBIE, JR.**, 2809 Pulaski Highway, Suite A, Edgewood, Maryland 21040, has been placed on inactive status by consent from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

* * * * *

This is to certify that the name **ANTHONY IGNATIUS BUTLER, JR.**, Suite 1414, 200 East Lexington Street, Baltimore, Maryland 21202, has been replaced upon the register of attorneys in this Court as of August 1, 2012 having subscribed to the oath of attorneys, in compliance with the Order of Court filed August 1, 2012. Notice of this action is certified in accordance with Maryland Rule 16-781(1).

* * * * *

This is to certify that by an Order of this Court dated August 1, 2012, **MARK LAWRENCE GITOMER**, 111 Teapot Court, Reisterstown, Maryland 21136, has been disbarred by consent from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

* * * * *

This is to certify that by an Order of this Court dated August 1, 2012, **JOE DONALD WATSON, JR.**, 401 E. Jefferson Street, Suite 208, Rockville, Maryland 20850, has been suspended for thirty (30) days by consent, effective immediately, from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

* * * * *

This is to certify that by an Order of this Court dated August 6, 2012, **RICHARD J. REINHARDT**, 220 Bosley Avenue, Towson, Maryland 21204, has been reprimanded by consent.

* * * * *

This is to certify that by an Order of this Court dated August 15, 2012, **KEVIN EDWARD SNIFFEN**, c/o Joseph Murtha, Esquire, Miller, Murtha & Psoras, LLC, 1301 York Road, Suite 200, Towson, Maryland 21093, has been disbarred by consent from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

* * * * *

This is to certify that by an Order of this Court dated August 17, 2012, **WILLIAM CARPENTER DONOVAN, JR.**, 504 Atherton Street, Charlotte, North Carolina 28203, has been disbarred by consent from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

* * * * *

This is to certify that by an Order of this Court dated August 20, 2012, **KENNETH JOHN MACFADYEN**, 210 E. Redwood Street, Totman Building, 4th Floor, Baltimore, Maryland 21202, has been reprimanded by consent.

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 21, 2012, **KATRICE SELENA STINSON**, P.O. Box 56278, Washington, DC 20040, has been disbarred from the further practice of law in this State and her name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760 (e)).

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 21, 2012, **JEFFREY LAWSON**, P.O. Box 22574, Baltimore, Maryland 21203, 8534 Willow Oak Road, Parkville, MD 21234, has been disbarred from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760 (e)).

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 21, 2012, **GODSON M. NNAKA**, 1 East Mount Royal Avenue, First Floor, Baltimore, Maryland 21202, has been disbarred from the further practice of law in this State and his name as an

attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760 (e)).

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 21, 2012, **DAVID ARTHUR ROSS**, 401 Brown Street, Washington Grove, Maryland 20880, has been disbarred from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760 (e)).

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 21, 2012, **JOHN WAYNE WALKER-TURNER, SR.**, 6301 Ivy Lane, Greenbelt, Maryland 20770, has been suspended for sixty (60) days, effective immediately, from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760(e)).

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 22, 2012, **HARRY TUN**, 400 Fifth Street, N. W., Suite 300, Washington, DC 20001, has been indefinitely suspended from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760(e)).

* * * * *

This is to certify that by an Order of this Court dated August 24, 2012, **JOHN WILLIAM SELLERS**, 2256 Fox Hatch Place, Jeffersonton, Virginia 22724, has been reprimanded by consent.

* * * * *

This is to certify that by an Opinion and Order of this Court dated August 27, 2012, **COTIE W. JONES**, 1009 Folcroft Lane, Largo, Maryland 20774, has been disbarred from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-760 (e)).

* * * * *

This is to certify that by an Order of this Court dated September 5, 2012, **RICHARD PAUL RIEMAN, JR.**, 12030 Tralee Road, No. 204, Timonium, Maryland 21093 has been disbarred by consent from the further practice of law in this State and his name as an attorney at law has been stricken from the register of attorneys in this Court (Maryland Rule 16-772(d)).

[12-19-28]

STANDING COMMITTEE ON RULES OF PRACTICE AND PROCEDURE

Notice of Open Meeting

The Standing Committee on Rules of Practice and Procedure will hold an open meeting on Friday, October 5, 2012, in the Judiciary Education and Conference Center, 2011-D Commerce Park Drive, Annapolis, Maryland, commencing at 9:30 a.m., to consider any questions relating to rules changes as may be brought before the meeting.

For further information contact Sandra F. Haines, Reporter, (410) 260-3630.

[12-19-27]

COURT OF SPECIAL APPEALS

SCHEDULE FOR OCTOBER 1, 2, 3, 4, 5, 9, 10, 11, 12, 15, 16, 2012

Monday, October 1, 2012

Courtroom No. 1

- No. 01546/11 Herbert Estreicher vs. Montgomery County Council et al.
- No. 01328/11 Edward Sypher vs. Hartford-Thayer Condominium, Inc. et al.
- No. 01368/11 R & D 2001 LLC et al. vs. Douglas Rice et al.
- No. 02662/11* Amanda E. Jones vs. Jamie L. Friend
- No. 00556/11 Anina Brown vs. Bowie State University
- *8-207(a)

Courtroom No. 2

- No. 00817/11 James E. Wright vs. Barry M. Rutkin et al.
- No. 01057/11 Chukwuemeka Edmond Ihenachor vs. Rosetta Louise White
- No. 01868/11 Xavier Larry Higgins vs. State of Maryland
- No. 00774/11 Donald L. Richardson vs. Jacqueline L. Boozer
- No. 01837/11 Robert Lampkin vs. State of Maryland

Tuesday, October 2, 2012

Courtroom No. 1

- No. 01597/11 Thedral Thomas Williams, III vs. State of Maryland
- No. 00749/11 Kimberly Grafmeyer vs. Richard Grafmeyer
- No. 02693/11* In Re: Adoption/Guardianship of Cheyenne H. Stephen J. Miller et al. vs. Rosewick Road Development LLC et al.
- No. 02912/11* In Re: Adoption/Guardianship of Damien D. Madlene Hartman vs. Daniel Shanahan
- No. 00369/11
- *8-207(a)

Courtroom No. 2

- No. 00679/11 Maryland Insurance Administration vs. Victoria Arbaugh
- No. 01070/11 Point's Reach Condominium Council of Unit Owners, et al. vs. The Point Homeowner's Association, Inc.
- No. 01696/11** Comptroller of the Treasury vs. Gore Enterprise Holdings, Inc.
- No. 01697/11** Comptroller of the Treasury vs. Future Value, Inc.
- No. 01060/11 Council of Unit Owners of 10101 Grosvenor Park Condominium vs. Grosvenor Park Maintenance Trust Association et al.
- No. 00735/11 John Word vs. City of Baltimore Department of Transportation

**Consolidated Cases

Wednesday, October 3, 2012

Courtroom No. 1

- No. 01006/11 Charles A. Blessing, Jr. et al. vs. Kenwood Construction, Inc.
- No. 00931/11 Ronald Brooks, Sr. vs. State of Maryland
- No. 01818/11* Letondji Beheton vs. Lessan J. Ohin
- No. 01017/11 Charles Hardesty, Jr. et ux. vs. Douglas Burkhardt et al.

THE JUDICIARY

1234

No. 01630/11 Giant Food, LLC. et al. vs. Donald Williams
*8-207(a)

Courtroom No. 2

No. 01936/11 Marco Antonio Terrazas Galins vs. Lilia Sillerico et al.

No. 00433/12* In Re: Adriana T.
No. 01296/11 Workforce Services et al. vs. Marleny P. Amador
No. 01182/11 Jenny Mate vs. State of Maryland
No. 00801/11 American Bank Holdings, Inc. vs. Brian Kavanagh et al.

*8-207(a)

Thursday, October 4, 2012

Courtroom No. 1

No. 01454/11 Mauri Solis-Gumeta vs. State of Maryland
No. 01073/11 Sabrina L. Basht vs. Stephen C. Basht, III
No. 01680/11 Theodore Dargan vs. State of Maryland
No. 01835/11 Brian Hicks vs. Anne Arundel County Department of Social Services

No. 00363/12* Julie Ann Grim Haines vs. Steven Michael Haines
*8-207(a)

Courtroom No. 2

No. 01078/11 Teleta S. Dashiell vs. Maryland State Police Department

No. 01969/11 Lisa M. Siske vs. Andrew G. Siske, Jr.
No. 01820/11 Scott Donaldson et al. vs. James Donaldson
No. 01113/11 Jeffrey P. Manuel vs. Oakpointe Homeowners Association, Council of Unit Owners et al.

No. 01054/11 Maryland State Department of Health & Mental Hygiene vs. Norman Trott

Friday, October 5, 2012

Courtroom No. 1

No. 01443/11 Juan Carlos Carrero-Vasquez vs. State of Maryland
No. 01464/11* Aminata Camara vs. Macky Silimana
No. 01946/11 Abijah Daryl Hatten vs. State of Maryland
No. 01492/11 Myron Antonio Gibson vs. State of Maryland
No. 01096/11 Office of the Attorney General, Consumer Protection Division vs. MB Maple Law, LLC et al.

*8-207(a)

Courtroom No. 2

No. 01327/11 Dakrish, LLC t/a Vineyards Elite vs. Ran Raich et al.

No. 01101/11 Anita Meadows vs. Easy Financing Corp.
No. 00133/12* In Re: Chaida B.
No. 01249/11 Reginald Best vs. Russel Family Automotive LLC
No. 01711/11 Delores Craft O'Brien Heffernan vs. State of Maryland

*8-207(a)

Tuesday, October 9, 2012

Courtroom No. 1

No. 01538/11 Janelle S. Hotaling et al. vs. Marilyn Baumgartner
No. 01610/11 Earthreports, Inc. d/b/a Patuxent Riverkeeper et al. vs. Anne Arundel County, Maryland et al.

No. 00811/11 Irene Leventhal Koegel vs. Joseph William Koegel, Jr.

No. 01635/11 Hubert Allen Wood vs. State of Maryland

No. 00820/11 Meridian Management Corporation vs. Maryland Port Commission et al.
No. 00561/12* In Re: Antonio B., Nevaeh B. and Isaiah B.

*8-207(a)

Courtroom No. 2

No. 00789/11 David Barnes et ux. vs. Greater Baltimore Medical Center, Inc. et al.

No. 00807/11 Sean Rosebrock individually and as Guardian of Judith Phillips vs. Eastern Shore Emergency Physicians, LLC, et al.

No. 01123/11* David Jaray vs. Roxana Jaray
No. 01262/11 Philip E. Berringer vs. Miles & Stockbridge, P.C. et al.

No. 00357/11 Dominion Financial Services, LLC vs. Bank of America, N.A.

*8-207(a)

Wednesday, October 10, 2012

Courtroom No. 1

No. 00177/11 Curtis Warren vs. State of Maryland
No. 01529/11 Roberto Campusano et al. vs. Lusitano Construction LLC et al.

No. 01026/11 Davis H. Wood vs. James Valliant
No. 00914/11 Bobby Coker vs. State of Maryland
No. 01217/11 John C. Dodd, III vs. Semmes, Bowen & Semmes

Courtroom No. 2

No. 01460/11 William Slover et al. vs. Montgomery County Planning Board et al.

No. 00826/11 Irma I. Donato Malave vs. Everett Leroy Owens
No. 02170/11 Edward Effion Hill vs. State of Maryland
No. 02289/11 Octavius Travon Williams vs. State of Maryland
No. 01748/11 Virginia Paskoff et vir. vs. Cosmos Cleaning Co., Inc. et al.

Thursday, October 11, 2012

Courtroom No. 1

No. 01309/11 Joseph G. Fontana vs. American Bank, FSB
No. 02612/10 Delford Mitchell Barnes vs. State of Maryland
No. 00319/11 Mazhar Asim vs. Jeremy Fishman et al. Substitute Trustees

No. 00560/11 Ronald L. Bradley, Jr. vs. Dara Lawrence Bradley
No. 00587/11 Lesia A. Thompson vs. Maryland State Retirement and Pension Fund

Courtroom No. 2

No. 00788/11 Robert E. Smith et al. vs. Constellation Power Source Generation, Inc. et al.

No. 01981/11 Keith A. Washington vs. State of Maryland
No. 01741/11 Deangelo Savage vs. State of Maryland
No. 01069/11 William A. Gottleid et al. vs. John S. Burson Trustee et al.

Friday, October 12, 2012

All cases submitted on brief

Courtroom No. 1

No. 01323/11 In re: The Estate of Joan D. Sutton
No. 01165/11 Jerry J. Mathis vs. State of Maryland
No. 01314/11 John Randall Hoggle vs. James T. Flannery
No. 01453/11 Patrick Alfred vs. State of Maryland
No. 02061/11 Chad Eason Frobouck vs. State of Maryland
No. 01263/11 Donald Igwebuikwe et al. vs. John Burson et al. Substitute Trustees

No. 01103/11 Gideon Samid vs. Virginia Spencer
 No. 01698/11 Brian Joseph Hill vs. State of Maryland
 No. 01941/11 Jeremiah A. Sweeney vs. State of Maryland
 No. 01135/11 Jorge Ramos vs. State of Maryland

Courtroom No. 2

No. 01570/11** James Armstead vs. Anne Arundel County Police Department et al.
 No. 02824/11** James S. Armstead vs. Anne Arundel County Police Department et al.
 No. 00631/11 Laverne Andrea French vs. Troy Catlett
 No. 01737/11 Clyde Eugene Gatrell, III vs. State of Maryland
 No. 00661/11 John Curtis vs. John Denholm
 No. 01662/11 George Robert Jenkins vs. State of Maryland
 No. 01838/11 David Bond vs. State of Maryland
 No. 01244/11 Brad K. Edmonds vs. State of Maryland
 No. 00522/11 Ricardo A. Smith vs. State of Maryland

Monday, October 15, 2012

All cases submitted on brief

Courtroom No. 1

No. 00662/11* Lubna Khan vs. Zubair Arif Khan Niazi**
 No. 00992/11* Lubna N. Khan vs. Zubair Arif Khan Niazi**
 No. 01524/11 Stephen Austin Meehan vs. Nicole B. Garzino f/k/a Nicole B. Meehan
 No. 00954/11 Ranulfo Vargas vs. State of Maryland
 No. 02231/11 Chadwick M. Nalls vs. State of Maryland
 No. 00559/12* In Re: Nataly P.
 No. 02176/11 Samir Haleem, Jr. vs. State of Maryland
 No. 02979/10 Franklin T. Gibbs vs. State of Maryland
 No. 00873/11 Quinton Everett Demby vs. State of Maryland
 No. 01408/10 Mary Catherine Koontz vs. State of Maryland
 *8-207(a)

Courtroom No. 2

No. 01227/11 David Brandford vs. Department of Labor, Licensing & Regulation et al.
 No. 02382/11* Thomas M. Lawrence Jr. vs. Nachelsea Williams
 No. 02181/11 Darius Amerche Saxon vs. State of Maryland
 No. 01261/11 C. Victor Mbakpuo vs. Council of Unit Owners, Inc. Greenbriar Condominium, Phase II
 No. 01872/11 Ryan Johnson vs. State of Maryland
 No. 01396/11 Larry Hudson vs. State of Maryland
 No. 01189/11 Walik Evans vs. State of Maryland
 No. 02053/11 James William Branch, Jr. vs. State of Maryland
 No. 01683/11 Isaiah Dixon vs. State of Maryland
 No. 00428/12* In Re: Alijah Q.
 *8-207(a)

Tuesday, October 16, 2012

All cases submitted on brief

Courtroom No. 1

No. 01775/11 William McKnight vs. Greenbelt City Police Department et al.
 No. 01670/11 Tavon Harris vs. State of Maryland
 No. 00909/11 Ernest Franklin vs. State of Maryland
 No. 01589/11 Stephen Rogers et ux. vs. Anne Arundel County, Maryland
 No. 02418/11 Sean Anthony Crim vs. State of Maryland
 No. 01659/11 Antonio Barnes vs. State of Maryland
 No. 01290/11 Meredith Cross vs. Baltimore City Police Department
 No. 01893/11 Michael Garrett vs. State of Maryland
 No. 02158/11 Michael Wiggins vs. State of Maryland

Courtroom No. 2

No. 00986/11 Eduardo M. Griffin vs. Sharri A. Fultz
 No. 01624/11 Mark A. Patterson, Sr. vs. John Wolfe, Warden
 No. 02895/10 Jacqueline Murphy vs. State of Maryland
 No. 02923/10 Colvin I. Bert vs. Comptroller of the Treasury
 No. 00703/12* In Re: Adoption/Guardianship of Mishawn R. and Mykell R.
 No. 01655/11 Yough Kesler Kingston vs. State of Maryland
 No. 01783/11 Lawrence Allison Barclay, Jr. vs. State of Maryland
 No. 01738/11 Gary Lee Sheppard vs. State of Maryland
 *8-207(a)

On the day of argument, counsel are instructed to register in the Office of the Clerk **no later than 9 a.m.** The Court is located at 361 Rowe Boulevard, in the Robert C. Murphy Courts of Appeals Building. After October, 2012, the Court will recess until November, 2012.

LESLIE D. GRADET
 Clerk

ADMINISTRATIVE ORDER

Pursuant to Maryland Rule 8-522(a), I hereby direct that oral argument in the month of October be limited to 20 minutes per side, subject to the discretion of the hearing panel to allow additional argument, not exceeding a total of 30 minutes per side. This directive applies only to cases scheduled in October, 2012

Chief Judge's signature appears
 on original Administrative Order

Dated: August 24, 2012

[12-19-18]

Final Action on Regulations

Symbol Key

- Roman type indicates text already existing at the time of the proposed action.
- *Italic type* indicates new text added at the time of proposed action.
- Single underline, italic indicates new text added at the time of final action.
- Single underline, roman indicates existing text added at the time of final action.
- ~~[[Double brackets]]~~ indicate text deleted at the time of final action.

Title 08 DEPARTMENT OF NATURAL RESOURCES

Subtitle 02 FISHERIES SERVICE

08.02.04 Oysters

Authority: Natural Resources Article, §§4-215, 4-1013(e) and 4-1015.1(c), Annotated Code of Maryland

Notice of Final Action

[12-169-F]

On September 11, 2012, the Secretary of Natural Resources adopted amendments to Regulations **.09** and **.12** under **COMAR 08.02.04 Oysters**. This action, which was proposed for adoption in 39:15 Md. R. 966—974 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOHN R. GRIFFIN
Secretary of Natural Resources

Subtitle 02 FISHERIES SERVICE

08.02.04 Oysters

Authority: Natural Resources Article, §§4-215 and 4-11A-04, Annotated Code of Maryland

Notice of Final Action

[12-170-F-I]

On September 11, 2012, the Secretary of Natural Resources adopted amendments to Regulation **.17** under **COMAR 08.02.04 Oysters**. This action, which was proposed for adoption in 39:15 Md. R. 974—975 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOHN R. GRIFFIN
Secretary of Natural Resources

Subtitle 02 FISHERIES SERVICE

08.02.10 Horseshoe Crabs

Authority: Natural Resources Article, §§4-206 and 4-215, Annotated Code of Maryland

Notice of Final Action

[12-171-F]

On September 11, 2012, the Secretary of Natural Resources adopted amendments to Regulation **.01** under **COMAR 08.02.10 Horseshoe Crabs**. This action, which was proposed for adoption in

39:15 Md. R. 975—976 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOHN R. GRIFFIN
Secretary of Natural Resources

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 15 FOOD

10.15.05 Manufacture and Sale of Frozen Dairy Foods and Ices Manufactured for Sale in Maryland

Authority: Health-General Article, §21-804, Annotated Code of Maryland

Notice of Final Action

[12-154-F]

On September 11, 2012, the Secretary of Health and Mental Hygiene adopted amendments to Regulations **.22** and **.35** under **COMAR 10.15.05 Manufacture and Sale of Frozen Dairy Foods and Ices Manufactured for Sale in Maryland**. This action, which was proposed for adoption in 39:13 Md. R. 799—800 (June 29, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 27 BOARD OF NURSING

10.27.27 Practice of Clinical Nurse Specialist

Authority: Health Occupations Article, §§8-205(a)(2), (4), and (5), Annotated Code of Maryland

Notice of Final Action

[12-167-F]

On September 11, 2012, the Secretary of Health and Mental Hygiene adopted new Regulations **.01—08** under a new chapter, **COMAR 10.27.27 Practice of Clinical Nurse Specialist**. This action, which was proposed for adoption in 39:14 Md. R. 843—845 (July 13, 2012), has been adopted with the nonsubstantive changes shown below.

Effective Date: October 1, 2012.

Attorney General's Certification

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following

changes do not differ substantively from the proposed text. The nature of the changes and the basis for this conclusion are as follows:

Regulation .02B—D: Replaced the words “the date of the adoption of this chapter” with “October 1, 2012”.

.02 Certification.

A. (proposed text unchanged)

B. Beginning on *[[the date that this chapter is adopted]]* October 1, 2012, the Board shall deem that an applicant meets the qualifications to be certified as a clinical nurse specialist if the applicant has:

(1)—(4) (proposed text unchanged)

C. On *[[the date that this chapter is adopted]]* October 1, 2012, if an applicant’s graduate education program does not qualify an applicant to take a national certifying examination that meets the requirement of §A(3) of this regulation, the Board, on a case-by-case basis, may certify an applicant as a clinical nurse specialist after considering information submitted by the applicant as requested by the Board, including, but not limited to:

(1)—(7) (proposed text unchanged)

D. An applicant for certification practicing as a clinical nurse specialist who is not certified by a national certifying body recognized by the Board in the applicant’s area of practice as of *[[the date that this chapter is adopted]]* October 1, 2012, and who otherwise meets the qualifications for certification in the applicant’s primary area of practice shall obtain national certification within 2 years of *[[the date of the adoption of this chapter]]* October 1, 2012.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 28 BOARD OF EXAMINERS IN OPTOMETRY

10.28.02 Continuing Education Requirements

Authority: Health Occupations Article, §§11-205 and 11-309, Annotated Code of Maryland

Notice of Final Action

[12-190-F]

On September 11, 2012, the Secretary of Health and Mental Hygiene adopted amendments to Regulation .05 under **COMAR 10.28.02 Continuing Education Requirements**. This action, which was proposed for adoption in 39:15 Md. R. 980 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 28 BOARD OF EXAMINERS IN OPTOMETRY

10.28.17 Disciplinary Sanctions and Monetary Penalties

Authority: Health Occupations Article, §§1-606 and 11-314, Annotated Code of Maryland

Notice of Final Action

[12-109-F]

On September 7, 2012, the Secretary of Health and Mental Hygiene adopted new Regulations .01—.06 under a new chapter, **COMAR 10.28.17 Disciplinary Sanctions and Monetary**

Penalties. This action, which was proposed for adoption in 39:9 Md. R. 618—621 (May 4, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 40 BOARD OF PODIATRIC MEDICAL EXAMINERS

Notice of Final Action

[12-191-F]

On September 11, 2012, the Secretary of Health and Mental Hygiene adopted amendments to:

- (1) Regulations .02 and .03 under **COMAR 10.40.02 Licensing and Continuing Education Requirements**; and
- (2) Regulation .02 under **COMAR 10.40.03 Collection of Fees**.

This action, which was proposed for adoption in 39:15 Md. R. 998 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Title 13A STATE BOARD OF EDUCATION

Subtitle 05 SPECIAL INSTRUCTIONAL PROGRAMS

13A.05.09 Programs for Homeless Children

Authority: Education Article, §§2-205 and 7-301, Annotated Code of Maryland

Notice of Final Action

[11-309-F]

On August 28, 2012, the Maryland State Board of Education adopted amendments to Regulation .02 under **COMAR 13A.05.09 Programs for Homeless Children**. This action, which was proposed for adoption in 38:23 Md. R. 1459 (November 4, 2011) and repropoed in 39:13 Md. R. 806—807 (June 29, 2012), has been adopted as repropoed.

Effective Date: October 1, 2012.

LILLIAN M. LOWERY, Ed.D.
State Superintendent of Schools

Title 26

DEPARTMENT OF THE ENVIRONMENT

Subtitle 04 REGULATION OF WATER SUPPLY, SEWAGE DISPOSAL, AND SOLID WASTE

26.04.02 Sewage Disposal and Certain Water Systems for Homes and Other Establishments in the Counties of Maryland Where a Public Sewage System Is Not Available

Authority: Environment Article, §§9-216, 9-217, 9-223, 9-252, 9-319, 9-510, 9-1108, 10-103, 10-301, and 10-304, Annotated Code of Maryland

Notice of Final Action

[12-125-F]

On September 11, 2012, the Secretary of the Environment adopted amendments to Regulations **.01** and **.04—.06**, new Regulation **.07**, and the recodification of existing Regulations **.07—.11** to be Regulations **.08—.12** under **COMAR 26.04.02 Sewage Disposal and Certain Water Systems for Homes and Other Establishments in the Counties of Maryland Where a Public Sewage System Is Not Available**. This action, which was proposed for adoption in 39:11 Md. R. 720—723 (June 1, 2012), has been adopted as proposed.

Effective Date: January 1, 2013.

ROBERT M. SUMMERS, Ph.D.
Secretary of the Environment

Title 31

MARYLAND INSURANCE ADMINISTRATION

Subtitle 04 INSURERS

31.04.14 Life and Health Insurance Guaranty Corporation Coverage — Notice Requirements

Authority: Insurance Article, §§2-109 and 9-414, Annotated Code of Maryland

Notice of Final Action

[12-178-F]

On September 11, 2012, the Insurance Commissioner adopted amendments to Regulation **.03** under **COMAR 31.04.14 Life and Health Insurance Guaranty Corporation Coverage — Notice Requirements**. This action, which was proposed for adoption in 39:15 Md. R. 1019—1020 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

THERESE M. GOLDSMITH
Insurance Commissioner

Subtitle 15 UNFAIR TRADE PRACTICES

31.15.08 Payment of Claims Under Life and Health Policies and Annuity Contracts

Authority: *Health-General Article, §19-706(g)*; Insurance Article, §§1-301, 2-109, 2-205, 2-207, 4-113, 8-455, 10-102, 10-103, 10-118, 10-126, 10-130, 10-131, 10-401—10-406, 10-410, 14-112, 14-124, 14-407, 14-408, 14-409, 14-416, 15-1004, 15-1005, 27-102, Title 15, Subtitle 7, and Title 27, Subtitle 3; Annotated Code of Maryland

Notice of Final Action

[12-181-F]

On September 11, 2012, the Insurance Commissioner adopted amendments to Regulations **.01** and **.02** under **COMAR 31.15.08 Payment of Claims Under Life and Health Policies and Annuity Contracts**. This action, which was proposed for adoption in 39:15 Md. R. 1020 (July 27, 2012), has been adopted as proposed.

Effective Date: October 1, 2012.

THERESE M. GOLDSMITH
Insurance Commissioner

Proposed Action on Regulations

For information concerning citizen participation in the regulation-making process, see inside front cover.

Symbol Key

- Roman type indicates existing text of regulation.
- *Italic type* indicates proposed new text.
- [Single brackets] indicate text proposed for deletion.

Promulgation of Regulations

An agency wishing to adopt, amend, or repeal regulations must first publish in the Maryland Register a notice of proposed action, a statement of purpose, a comparison to federal standards, an estimate of economic impact, an economic impact on small businesses, a notice giving the public an opportunity to comment on the proposal, and the text of the proposed regulations. The opportunity for public comment must be held open for at least 30 days after the proposal is published in the Maryland Register.

Following publication of the proposal in the Maryland Register, 45 days must pass before the agency may take final action on the proposal. When final action is taken, the agency must publish a notice in the Maryland Register. Final action takes effect 10 days after the notice is published, unless the agency specifies a later date. An agency may make changes in the text of a proposal. If the changes are not substantive, these changes are included in the notice of final action and published in the Maryland Register. If the changes are substantive, the agency must repropose the regulations, showing the changes that were made to the originally proposed text.

Proposed action on regulations may be withdrawn by the proposing agency any time before final action is taken. When an agency proposes action on regulations, but does not take final action within 1 year, the proposal is automatically withdrawn by operation of law, and a notice of withdrawal is published in the Maryland Register.

Title [07] 01 [DEPARTMENT OF HUMAN RESOURCES] EXECUTIVE DEPARTMENT

Subtitle [01] 04 [OFFICE OF THE SECRETARY] OFFICE OF CRIME CONTROL AND PREVENTION

Notice of Proposed Action

[12-258-P]

The Secretary of Human Resources and the Executive Director of the Office of Crime Control and Prevention proposes to:

(1) Amend and recodify existing Regulations .02, .04, .07 and .09—.11 under COMAR 07.01.15 Domestic Violence Program to be Regulations .02, .04, .07, and .09—.11 under COMAR 01.04.01 Domestic Violence Program, repeal existing Regulation .12 under COMAR 07.01.15 Domestic Violence Program, and recodify existing Regulations .01, .03, and .05, .06, and .08 under COMAR 07.01.15 Domestic Violence Program to be Regulations .01, .03, .05, .06, and .08 under COMAR 01.04.01 Domestic Violence Program;

(2) Amend and recodify existing Regulations .02, .03, and .08—.10 under COMAR 07.01.14 Rape Crisis Program to be Regulations .02, .03, .08—.10 under COMAR 01.04.02 Rape Crisis Program, and recodify existing Regulations .01, and .04—.07 under COMAR 07.01.14 Rape Crisis Program to be Regulations .01, and .04—.07 under COMAR 01.04.02 Rape Crisis Program; and

(3) Amend and recodify existing Regulations .02, and .08—.10 under COMAR 07.01.16 Crime Victims' Services Program to be Regulations .02, and .08—.10 under COMAR 01.04.03 Crime Victims' Services Program, and recodify existing Regulations .01, and .03—.07 under COMAR 07.01.16 Crime Victims' Services Program to be Regulations .01, and .03—.07 under COMAR 01.04.03 Crime Victims' Services Program.

Statement of Purpose

The purpose of this action is to transfer the Department of Human Resources' Rape Crisis Program, Domestic Violence Program, and Crime Victims' Services Program regulations to the Office of Crime Control and Prevention. The Office of Crime Control and Prevention will adopt the Rape Crisis Program, the Domestic Violence Program, and the Crime Victims' Services Program previously administered by the Department of Human Resources, without substantive changes. The Rape Crisis Program chapters address Purpose, Definitions, Eligibility, Application Procedure, Program Services, Duration of Services, Requirement for the Rape Crisis Service Program Staff, Requirements for Local Documentation and Records, Confidentiality, and Grievance Procedure. The Domestic Violence Program chapters address Purpose, Definitions, Eligibility, Application Procedure, Program Services, Duration of Services, Requirements for a Shelter Provided by a Program, Requirements for the Domestic Violence Program Staff, Requirements for Program Documentation and Records, Confidentiality, and Grievance Procedure. The 'Charges and Fees' portion of the Domestic Violence Program is being revised pursuant to the Federal Family Violence Prevention and Services (FVPSA), which prohibits any domestic violence program from charging fees to victims for direct services. The Crime Victims' Services Program chapters address Purpose, Definitions, Eligibility, Application Procedure, Program Services, Termination of Services, Requirements for Crime Victims' Assistance Program Staff, Requirements for Local Program Documentation and Records, Confidentiality, Grievance Procedure.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Samea Lim, 300 East Joppa Road, Suite 1105, Baltimore, MD 21286, or call 410-821-2846, or email slim@goccp.state.md.us. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

[07.01.15] 01.04.01 Domestic Violence Program

Authority: Family Law Article, §§4-501 and 4-513 – 4-516, Annotated Code of Maryland

.02 Definitions.

A. (text unchanged)

B. Terms Defined.

(1)—(2) (text unchanged)

[(3) “Department” means the Department of Human Resources.]

[(4)] (3) (text unchanged)

(4) “Office” means the Governor’s Office of Crime Control and Prevention.

(5)—(9) (text unchanged)

.04 Application Procedure.

A.—D. (text unchanged)

[E. Staff shall determine the fee to be paid for services based on the schedule of fees in Regulation .12D of this chapter. The calculation of the amount of the fee to be paid is included in the service plan.]

.07 Requirements for a Shelter Provided by a Program.

A. —B. (text unchanged)

C. The program shall make available to the [Department] Office upon request a copy of the shelter rules, including the grievance procedure.

.09 Requirements for Program Documentation and Records.

A.—B. (text unchanged)

C. The program is responsible for compilation and transmittal of statistical data as required by the [Department] Office.

D. (text unchanged)

.10 Confidentiality.

A. The program may not disclose any identifying information regarding an applicant or recipient of service to any agency or individual without written authorization from the applicant or recipient except:

(1) (text unchanged)

(2) To [Department of Human Resources] Governor’s Office of Crime Control and Prevention employees authorized to monitor or audit the program.

B. (text unchanged)

.11 Grievance Procedure.

A. (text unchanged)

B. The program shall make available to the [Department] Office upon request a summary of each decision rendered, including findings of fact concerning each grievance heard.

[07.01.14] 01.04.02 Rape Crisis Program

Authority: Criminal Procedure Article, §11-923, Annotated Code of Maryland

.02 Definitions.

A. [“Department” means the Department of Human Resources.] “Office” means the Governor’s Office of Crime Control and Prevention.

B. (text unchanged)

.03 Eligibility.

A person who has been an alleged victim of a rape or sexual offense [offense] is eligible for services from a rape crisis service program.

.08 Requirements for Local Program Documentation and Records.

A.—B. (text unchanged)

C. The local program is responsible for compilation and transmittal of statistical data as required by the [Department] Office.

D. (text unchanged)

.09 Confidentiality.

A. The local program may not disclose any identifying information regarding an applicant or recipient of service to any agency or individual without written authorization from the applicant or recipient except:

(1) (text unchanged)

(2) To [Department of Human Resources] Governor’s Office of Crime Control and Prevention employees authorized to monitor or audit the program.

B. (text unchanged)

.10 Grievance Procedure.

A. (text unchanged)

B. The local program shall forward to the [Department] Office a summary of each decision rendered, including findings of fact concerning each grievance heard.

[07.01.16] 01.04.03 Crime Victims’ Services Program

Authority: Human Services Article, §4-302, Annotated Code of Maryland; Victims of Crime Act of 1984, Public Law 98-473, §1401 et seq.

.02 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) [“Department” means the Department of Human Resources.] “Office” means the Governor’s Office of Crime Control and Prevention.

.08 Requirements for Local Program Documentation and Records.

A.—B. (text unchanged)

C. The local program is responsible for compilation and transmittal of statistical data as required by the [Department] Office.

D. (text unchanged)

.09 Confidentiality.

A. The local program may not disclose any identifying information regarding an applicant or recipient of service to any agency or individual without written authorization from the applicant or recipient except:

(1) (text unchanged)

(2) To [Department of Human Resources] Governor’s Office of Crime Control and Prevention employees authorized to monitor or audit the program.

B. (text unchanged)

.10 Grievance Procedure.

A. (text unchanged)

B. The local program shall forward to the [Department] *Office* a summary of each decision rendered, including finding of facts concerning each grievance heard.

EDWARD PARKER
Interim Executive Director
Office of Crime Control and Prevention

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.20 Personal Care Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

Notice of Proposed Action

[12-260-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under **COMAR 10.09.20 Personal Care Services**.

Statement of Purpose

The purpose of this action is to increase reimbursement for personal care services, in accordance with the Program's budget for Fiscal Year 2013.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. Under the provisions of the proposed amendment, the Fiscal Year 2013 budget for personal care services will be increased by \$2,956,970.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:	(E+)	\$2,956,970
B. On other State agencies:	NONE	
C. On local governments:	NONE	
<hr/>		
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	\$2,956,970
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. Projected Program expenditures of \$35,697,021 will increase by \$2,956,970 for Fiscal Year 2013 based on a 1 percent increase in

the State Budget and an additional \$2,600,000 appropriated in accordance with provisions in the Joint Chairmen's Report.

D. Providers will receive a projected increase of reimbursement in the amount of \$2,956,970 for Fiscal Year 2013, as described in Section A.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows.

These regulations will have meaningful economic impact on small businesses in that personal care provider agencies will receive an increase in their rates of reimbursement.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

The proposed action will impact individuals with disabilities by increasing the rates of reimbursement for personal care providers that rendered personal care services to this population.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.07 Payment Procedures.

A. (text unchanged)

B. Payment to personal care providers shall:

(1)—(2) (text unchanged)

(3) Notwithstanding any other provision of this regulation, be made according to the following fee schedule for personal care services, effective [July 1, 2010, through June 30, 2012] *July 1, 2012*:

Description	Maximum Fee
Day of Personal Care—Level 1	[\$13.25] <i>\$13.92</i>
Day of Personal Care—Level 2	[26.50] <i>27.84</i>
Day of Personal Care—Level 2B	[39.76] <i>50.00</i>
Day of Personal Care—Level 3	[57.42] <i>62.00</i>
Day of Training	[13.25] <i>13.92</i>

(4)—(6) (text unchanged)

C. Payments to personal care provider agencies shall be:

(1)—(2) (text unchanged)

(3) Made, notwithstanding any other provision of this regulation, according to the following fee schedule, effective [July 1, 2010, through June 30, 2012] *July 1, 2012*:

Description	Maximum Fee
Day of Personal Care (Agency)—Level 1	[\$13.25] <i>\$13.92</i>
Day of Personal Care (Agency)—Level 2	[26.50] <i>27.84</i>
Day of Personal Care (Agency)—Level 2B	[39.76] <i>50.00</i>
Day of Personal Care (Agency)—Level 3	[57.42] <i>62.00</i>

(4)—(5) (text unchanged)

D. Personal Care Services Per Diem Rate Adjustments.

(1) Effective for services provided on or after [July 1, 2010] *July 1, 2013*, subject to the limitations of the State budget, the personal care services per diem rates for the preceding fiscal year shall be adjusted annually by the percentage of the annual increase in

the March Consumer Price Index for All Urban Consumers, all items component, Washington-Baltimore, from U.S. Department of Labor, Bureau of Labor Statistics.

(2) (text unchanged)

E. (text unchanged)

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.26 [Community Based Services for Developmentally Disabled Individuals Pursuant to a 1915(c) Waiver] *Community Pathways and New Direction Waivers for Individuals with Developmental Disabilities*

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

Notice of Proposed Action

[12-259-P]

The Secretary of Health and Mental Hygiene proposes to repeal existing Regulations .01—.17 under **COMAR 10.09.26 Community Based Services for Developmentally Disabled Individuals Pursuant to a 1915(c) Waiver** and adopt new Regulations .01—.30 under **COMAR 10.09.26 Community Pathways and New Direction Waivers for Individuals with Developmental Disabilities**.

Statement of Purpose

The purpose of this action is to implement federally approved provisions under the Community Pathways and New Directions Waivers. These waivers provide treatment and services through a home and community-based services waiver under §1915(c) of the Social Security Act, for people who, absent the waiver, would require placement in an Intermediate Care Facility for People with Intellectual Disabilities (ICF-ID). This includes describing the target populations, requirements for providers, the covered services, and reimbursement methodologies.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele A. Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Aged, blind, or disabled" means Medical Assistance eligibility groups for individuals aged 65 years or older, blind, or with disabilities.

(2) "Alternative living unit" means a residence owned, leased, or operated by a licensee that:

(a) Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements;

(b) Admits not more than 3 individuals; and

(c) Provides 10 or more hours of supervision per unit, per week.

(3) "Assistive technology" means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

(4) "Child" means an individual who is younger than 21 years old.

(5) "Chronic hospital" means an institution that:

(a) Falls within the jurisdiction of Health-General Article, §19-307(a)(1)(ii), Annotated Code of Maryland; and

(b) Is licensed pursuant to:

(i) COMAR 10.07.01; or

(ii) Other applicable standards established by the state in which the service is provided.

(6) "Community Pathways Waiver" means Home and Community Based Services Waiver for Individuals with Developmental Disabilities under §1915(c) of Title XIX of the Social Security Act that:

(a) Supports persons with developmental disabilities who meet ICF-ID level of care to remain at home and in the community as an alternative to institutionalization; and

(b) Is implemented under this chapter in accordance with the document for this waiver and any amendments to it submitted by the Department and approved by the Secretary of Health and Human Services, which authorizes the waiver of certain specified statutory requirements limiting coverage for home and community based services under the Program.

(7) "DDA provider agreement" means the contract between the DDA and the provider specifying the services to be provided, methods of operation, financial and legal requirements that shall be in force before the provider can apply to participate in one of the Medicaid DD Waiver Programs.

(8) "Department" means the Department of Health and Mental Hygiene, which is the single state agency designated to administer the Program pursuant to Title XIX of the Social Security Act, 42 U.S.C. §1396 et seq.

(9) "Developmental Disabilities Administration (DDA)" means that agency of the Department that, under Health-General Article, Title 7, Annotated Code of Maryland, is charged with the responsibility for providing services to persons with developmental disabilities.

(10) "Developmental disability" means a severe chronic disability of an individual that:

(a) Is attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;

(b) Is manifested before the individual attains the age of 22;

(c) Is likely to continue indefinitely;

(d) Results in an inability to live independently without external support or continuing and regular assistance; and

(e) Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.

(11) "External support" means:

(a) Periodic monitoring of the circumstances of an individual with respect to:

- (i) Personal management;
- (ii) Household management; and
- (iii) The use of community resources; and

(b) Rendering appropriate advice or assistance that may be needed.

(12) "Fiscal management services" means the services provided by the Department or its designee for New Directions Waiver participants to direct their own services.

(13) "Generic services" mean services which are available to the community at large.

(14) "Group home" means a residence owned and operated, or leased and operated, by a licensee that:

(a) Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements;

(b) Admits at least 4, but not more than 8 individuals; and

(c) Provides 10 or more hours of support per week.

(15) "Habilitation services" mean services designed to develop, maintain, or maximize the individual's independent functioning in self-care, physical and emotional growth, socialization, communication, and vocational skills.

(16) "Home" means a house, apartment, condominium, or other residence:

(a) Which is rented or owned by the waiver participant or the waiver participant's family;

(b) Which may be held in trust for the waiver participant;

(c) Where the waiver participant lives with not more than two other unrelated waiver participants unless otherwise approved by DDA; and

(d) Which is not a house or apartment that is owned or rented by a provider, although the provider may be a guarantor of rental or mortgage payments.

(17) "Home and community-based services (HCBS)" mean long-term services and supports provided in home and community settings.

(18) "Individual family care home (IFC)" means a private, single family residence that provides a home for up to three individuals with developmental disabilities who are unrelated to the care provider.

(19) "Individual Plan (IP)" means the single plan for a waiver participant that:

(a) Details services and supports to an individual;

(b) Is goal-oriented and developed along with the individual planning team;

(c) Is person centered and person-directed; and

(d) Specifies all the participant's assessments, services, supports, and training needs.

(20) "Individual planning team" means those persons, as chosen by the individual, involved in the development of the IP, which includes the individual and the resource coordinator and may include family members, one or more of the individual's proponents and providers.

(21) "Intermediate care facility for people with intellectual disabilities (ICF-ID)" means an institution of four or more beds that provides active treatment for people with intellectual disabilities or other related conditions, and is the same as the facility defined in §1905(d) of the Social Security Act.

(22) "Live independently" means:

(a) For adults:

(i) Managing personal care, such as clothing and medication;

(ii) Managing a household, such as menu planning, food preparation and shopping, essential care of the premises, and budgeting; and

(iii) Using community resources, such as commercial establishments, transportation, and services of public agencies; or

(b) For minors, functioning in normal settings without the need for supervision or assistance other than supervision or assistance that is age appropriate.

(23) "Medicaid provider agreement" means the document signed by the provider and the Program specifying the terms and conditions a provider agrees to abide by to participate in the Program.

(24) "Medically necessary" means that the service or benefit is:

(a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;

(b) Consistent with current accepted standards of good medical practice;

(c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and

(d) Not primarily for the convenience of the person with a disability, family, or provider.

(25) "New Directions Waiver" means a home and community-based services waiver for Individuals with developmental disabilities under §1915(c) of Title XIX of the Social Security Act that:

(a) Provides services to individuals to enable them to live in their own home or their family home and lead self-determined lives by assisting them to direct their own services; and

(b) Is implemented under this chapter in accordance with the document for this waiver and any amendments to it submitted by the Department and approved by the Secretary of Health and Human Services, which authorizes the waiver of certain specified statutory requirements limiting coverage for home and community-based services under the Program.

(26) "Nursing facility" means a facility or a distinct part of a facility that is participating in the Program as a nursing facility provider under COMAR 10.09.10.

(27) "Nursing services" mean medically necessary skilled nursing interventions, assessments, monitoring, and teaching of those who are or will be involved in caring for the individuals, and does not include nursing services covered under the Medical Assistance home health or the private duty nursing benefits.

(28) "Organized Health Care Delivery System (OHCDs)" means, under 42 CFR §447.10, a public or private organization for delivering health services that provides at least one Medicaid service directly and utilizes its own employees rather than contractors in accordance with COMAR 10.22.20.

(29) "Personal needs allowance" means the amount per month that a residential habilitation provider allows an individual to retain from their monthly income for personal needs.

(30) "Physician" means an individual licensed to practice medicine in the state in which services are provided.

(31) "Program" means the Medical Assistance Program, the program of comprehensive medical and other health-related care for indigent and medically indigent persons.

(32) "Proponent" means a person who has a legitimate interest in the welfare of an individual applying for or receiving services under the waiver.

(33) "Provider" means a person or organization that is licensed or certified to furnish covered services under these regulations through agreements with the Program and DDA.

(34) "Rehabilitation services" mean services designed to restore some or all of the individual's physical, sensory, and mental capabilities that were lost due to injury, illness, or disease.

(35) "Resident" means an individual who meets the residency requirements for Maryland Medicaid as defined in COMAR 10.09.24.05-3.

(36) "Reasonable and necessary" means a reimbursement rate that:

(a) Does not exceed in nature or amount that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost; and

(b) Is necessary to improve outcomes or remediate a particular and specific need identified in the IP.

(37) "Resource coordination" means services which assist people with gaining access to a full range of Medical Assistance services, as well as to any additional needed DDA funded or otherwise funded generic, medical, social, habilitative, vocational, educational, recreational, financial assistance, counseling, housing, transportation, legal, and other support services.

(38) "Resource coordinator" means an individual who provides resource coordination and is responsible to waiver participants and their families for providing assistance in implementing individual choice, addressing individual satisfaction, coordinating the development of the IP, assuring that an individual's needs and preferences are addressed and monitoring the individual's services and well-being..

(39) "Room and board" means rent or mortgage, utilities, and food.

(40) "Waiver" means the Community Pathways Waiver or the New Directions Waiver.

.02 Licensing Requirements.

A. Behavior support services shall be licensed by DDA pursuant to COMAR 10.22.02 and 10.22.10.

B. Community residential habilitation services shall be licensed by DDA in accordance with COMAR 10.22.02 and 10.22.08.

C. Community supported living arrangement services shall be licensed by DDA pursuant to COMAR 10.22.02 and 10.22.08.

D. Day habilitation, supported employment, employment discovery and customization services, or community learning services shall be licensed by DDA in accordance with COMAR 10.22.02 and 10.22.07.

E. Environmental accessibility adaptations providers shall:

(1) Have the necessary State license as a contractor or builder in good standing in the jurisdiction where the work is to be performed;

(2) Be appropriately bonded; and

(3) Ensure that the work passes the required inspections and is performed in accordance with State and local building codes.

F. Family and individual support services shall be licensed by DDA pursuant to COMAR 10.22.02 and 10.22.06.

G. Medical day care services shall be licensed by the Department under COMAR 10.12.04.

H. Resource coordination shall be licensed by DDA pursuant to COMAR 10.22.02 and 10.22.09.

I. Respite care shall be licensed by DDA pursuant to COMAR 10.22.02 or 10.16.06.

J. New Directions independent providers shall be certified or credentialed by DDA.

K. Providers of any service covered under this chapter may be issued a deemed status license by the Director of DDA in accordance with the deemed status provisions in Health-General Article, §7-903(b), Annotated Code of Maryland.

.03 General Conditions for Provider Participation.

All providers shall:

A. Meet all conditions for participation specified in COMAR 10.09.36;

B. Meet the licensure or certification requirements as provided in Regulation .02 of this chapter;

C. Have a Medicaid provider agreement in effect with the Program and a DDA provider agreement in effect;

D. Verify the licenses of all service agencies with whom they contract and have a copy of the same available for inspection;

E. Verify the licenses and credentials of all professionals whom the provider employs or with whom the provider has a contract and have a copy of same available for inspection; and

F. Maintain a record for each waiver participant as specified in COMAR 10.22.02.13.

.04 Participant Eligibility.

A. General Requirements. To be eligible for waiver services an individual:

(1) Shall be a resident of Maryland;

(2) Shall be given a comprehensive evaluation as defined in Health-General Article, §7-404, Annotated Code of Maryland;

(3) Shall be determined by DDA or its designee to have a developmental disability;

(4) Shall be determined by DDA or its designee to be able to have his or her health and safety needs met in the community;

(5) Shall be certified by DDA or its designee for an ICF-ID level of care using the developmental disability criteria developed by the DDA;

(6) Shall choose home and community-based services over institutional services;

(7) Shall have a provision or an IP approved by DDA or its designee; and

(8) May not be enrolled in another Medical Assistance HCBS waiver program.

B. Financial Requirements.

(1) Categorically Needy. An individual is eligible for waiver services as categorically needy if the individual is receiving Medical Assistance as a:

(a) Recipient of Supplemental Security Income (SSI); or

(b) Member of a low income family with children, as described in §1931 of the Social Security Act.

(2) Medically Needy. An individual is eligible for waiver services as medically needy if the individual is receiving Medical Assistance as a medically needy person in accordance with COMAR 10.09.24.03D.

(3) Optionally Categorically Needy.

(a) An individual is eligible for waiver services as optionally categorically needy, in accordance with 42 CFR §435.217, if the individual's countable:

(i) Income does not exceed 300 percent of the applicable payment rate for SSI; and

(ii) Resources do not exceed the SSI resource standard for one person.

(b) In determining if someone is optionally categorically needy:

(i) The individual is treated as an assistance unit of one person;

(ii) Except as provided in §C of this regulation, income is determined based on the income rules set forth in COMAR 10.09.24 that are applicable to a child or an aged, blind, or disabled individual who is institutionalized;

(iii) Except as provided in §C of this regulation, resources are determined based on the resource rules set forth in

COMAR 10.09.24, which are applicable to a child or an aged, blind, or disabled person who is institutionalized; and

(iv) The spousal impoverishment rules at COMAR 10.09.24.10-1 are applicable, with the differences specified in this regulation.

(c) An individual is not eligible to receive waiver services if a disposal of assets or establishment of a trust or annuity results in a penalty under COMAR 10.09.24, until such time as the penalty period expires.

(d) Medical Assistance eligibility shall be redetermined at least every 12 months.

C. All provisions of COMAR 10.09.24 that are applicable to a child or an aged, blind, or disabled individual who is institutionalized apply to waiver applicants and participants who are considered as optionally categorically needy except:

- (1) COMAR 10.09.24.04J(1), (2), and (3);
- (2) COMAR 10.09.24.04K;
- (3) COMAR 10.09.24.06B(2)(a)(ii);
- (4) COMAR 10.09.24.08G(1);
- (5) COMAR 10.09.24.08H;
- (6) COMAR 10.09.24.09;
- (7) COMAR 10.09.24.10;
- (8) COMAR 10.09.24.10-1; and
- (9) COMAR 10.09.24.15A-2(2).

D. Home Exclusion. The home, as defined in COMAR 10.09.24.08B, is not considered a countable resource under this regulation if it is occupied by the waiver applicant or participant, the applicant's or participant's spouse, or any one of the following relatives who are medically or financially dependent on the applicant or participant:

- (1) Child;
- (2) Parent; or
- (3) Sibling.

E. Post-Eligibility Determination of Available Income for Optionally Categorically Needy.

(1) Except for the income disregards specified at COMAR 10.09.24.07L, the countable monthly income considered for the post-eligibility determination is calculated in accordance with rules at §B(3) of this regulation and at COMAR 10.09.24 for institutionalized aged, blind, or disabled individuals.

(2) For an individual eligible under §B(3) of this regulation, the Department shall reduce its monthly payment for residential habilitation services provided to the individual by the amount remaining after deducting from the individual's countable monthly income the following amounts in the following order:

(a) A personal needs allowance, which may be adjusted based on a schedule issued by the Department in accordance with Social Security Income rates;

(b) A \$375 monthly charge for room and board;

(c) A spousal maintenance allowance in accordance with COMAR 10.09.24.10D(2)(b); and

(d) Incurred medical expenses as specified at COMAR 10.09.24.10D(2)(d) and (e).

(3) The Department shall determine the amount of available income to be paid by a participant towards the cost of care for residential habilitation services based on the participant's countable income remaining using the methodology described in §E(2) of this regulation.

(4) The residential habilitation provider shall collect the participant's available income, in an amount which may not exceed the cost of residential habilitation services for the participant as determined by the Department and that may be adjusted in accordance with Social Security Income rates.

(5) The sum of the participant's cost of care contribution and the Department's payment may not exceed the total cost of residential

rehabilitation services for the participant as determined by the Department.

F. Limitation on Number of Participants. The Department may limit the number of individuals that may be served under the Community Pathways Waiver or the New Directions Waiver.

.05 Waiver Application Process and Selection of Waiver Entrants.

A. Application.

(1) An application for waiver services under this chapter may be completed and submitted by:

(a) The individual, if an adult;

(b) A parent, guardian, caregiver, or other proponent, when one exists; or

(c) The individual with the assistance of DDA or its designee.

(2) The individual submitting the application for waiver services shall provide, at a minimum, sufficient information for the DDA to make a determination of:

(a) The nature of the disability;

(b) The individual's eligibility for DDA-funded services based on the characteristics of the individual; and

(c) The individual's priority for services, which shall take into account the:

(i) Urgency of need;

(ii) Strengths and needs of the applicant and caregiver;

(iii) Environment in which the applicant lives;

(iv) Service or services needed;

(v) Type of environment in which any needed services could be provided with the least restriction on the liberty of the individual; and

(vi) Documents, assessments, and reports submitted with the application.

B. Determination of Service Priority Category.

(1) DDA or its designee shall base the recommendation regarding service priority on the determination that the individual meets the criteria for one of the following categories, which are listed in the order of priority in which applicants shall receive services:

(a) Category I—Crisis Resolution;

(b) Category II—Crisis Prevention; or

(c) Category III—Current Request.

(2) An individual shall be served according to the individual's priority ranking as follows:

(a) Individuals in Category I are to be served before those in Category II; and

(b) Individuals in Category II are to be served before those in Category III.

(3) Placement in the waiver for each of the priority categories identified in §B(1) of this regulation is subject to fiscal appropriations.

(4) Service delivery is also dependent upon levels of funding allocated for the fiscal year for the following discrete groups of individuals:

(a) Category IV—Transitioning Youth as described in §C(4) of this regulation;

(b) Category V—Knott Class Members as described in §C(5) of this regulation;

(c) Category VI—Inappropriate Institutionalization as described in §C(6) of this regulation; and

(d) Category VII—Innovation or Demonstration Projects as described in §C(7) of this regulations.

(5) An individual may be in one of the top three categories at the same time as in the categories described in §B(4) of this regulation.

C. Description of Categories.

(1) Category I—Crisis Resolution.

(a) To qualify for this category, the applicant shall be:

(i) Homeless or living in temporary housing with clear time-limited ability to continue to live in this setting with no viable non-DDA-funded alternative;

(ii) At serious risk of physical harm in the current environment;

(iii) At serious risk of causing physical harm to others in the current environment; or

(iv) Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm.

(b) To qualify for Category I under §C(1)(a)(ii) of this regulation, evidence such as the following shall be necessary. The applicant:

(i) Has recently received severe injuries due to the behavior of others in the home or community;

(ii) Has recently been the victim of sexual abuse;

(iii) Has been neglected to the extent that the individual is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning;

(iv) Engages in self-injurious behavior which puts the individual at serious risk of sustaining injuries which are life-threatening or which substantially impair functioning; or

(v) Is at serious risk of sustaining injuries that are life-threatening or that substantially impair functioning due to the physical surroundings.

(c) If the applicant is his or her own caregiver, §C(1)(a)(iv) of this regulation shall apply to the applicant.

(d) An individual becomes eligible to receive services as the need occurs.

(2) Category II—Crisis Prevention.

(a) To qualify for this priority category, the applicant shall meet one or more of the following criteria. The applicant shall be:

(i) Determined to not qualify based on the criteria for Category I;

(ii) Determined by the DDA to have an urgent need for services; and

(iii) At substantial risk for meeting one or more of the criteria in §C(1)(a) of this regulation within 1 year or have a caregiver who is 65 years or older.

(b) For an individual who qualifies based on §C(2)(a)(ii) of this regulation and the age of the individual's caregiver, priority will be determined by the caregiver's date of birth so that individuals with caregivers born at an earlier date have priority over individuals with caregivers born at a later date.

(3) Category III—Current Request.

(a) To qualify for this priority category, the applicant shall indicate at least a current need for services.

(b) Prioritization of Services for Priority Category III includes the following considerations:

(i) An applicant on the waiting list for the longest period of time shall receive services before an applicant who has been on the list for fewer years; and

(ii) An applicant whose application is received by the DDA access unit within a given fiscal year shall be ranked by the fiscal year of application, and the month and day of birth. An applicant born at the beginning of the fiscal year has priority over an applicant born later in the year.

(4) Category IV—Transitioning Youth.

(a) To qualify for funding for services in this priority category the applicant shall be eligible for DDA-funded services in this category from the individual's 21st to the individual's 22nd birthday. If the date of graduation is after the individual's 21st

birthday, the individual shall continue to be eligible for 1 year after the date of graduation.

(b) An individual in this priority category shall also be in one of the priority categories in §B(1) of this regulation.

(c) An individual becomes eligible to receive services from the date of approval of priority status.

(5) Category V—Knott Class.

(a) To qualify for this priority category, the applicant shall have:

(i) An intellectual disability; and

(ii) Been determined inappropriately retained in a Mental Hygiene Administration facility as set forth in Knott vs. Hughes, Civil Action No. Y-80-2832 (Fed. Dist. Ct. Md).

(b) An individual becomes eligible to receive services based on the best clinical judgment of the professionals involved and based on the availability of allocated resources.

(6) Category VI—Inappropriate Institutionalization.

(a) To qualify for this priority category, the applicant shall be a:

(i) Resident in a nursing facility and not meet the criteria for admission or retention for that facility, or if meets the criteria for admission or retention, has indicated a preference for community integration, or has not indicated an objection to deinstitutionalization.

(ii) Resident in a chronic hospital and not meet the criteria for admission or retention for that facility or if meets the criteria for admission or retention, has indicated a preference for community integration, or has not indicated an objection to deinstitutionalization; or

(iii) In an institution under the auspices of the Mental Hygiene Administration who has a developmental disability, but is not an individual with an intellectual disability and who does not meet the criteria for admission or retention in a State psychiatric hospital and whose primary need is not for a mental health service or if meets the criteria for admission or retention, has indicated a preference for community integration, or has not indicated an objection to deinstitutionalization.

(b) An individual in this priority category shall also be in one of the priority categories in §B(1) of this regulation.

(c) Funding may be allocated for one or more of the above groups in §C(6)(a) of this regulation.

(d) An individual becomes eligible to receive services based on the best clinical judgment of the professionals involved and based on the availability of allocated resources.

(7) Category VII—Innovation or Demonstration Projects.

(a) Innovation or demonstration projects include federal grants and projects developed in conjunction with various stakeholders.

(b) An individual in this priority category shall meet the level of care for the waiver and may also be in another priority category.

D. Determinations of priority category status may be subject to modification if the applicant's or caregiver's circumstances change.

E. Letter of Determination.

(1) Within 60 days of the receipt of an application and all accompanying required support documentation, DDA shall send a final letter of eligibility determination to the applicant, caregiver, or other designated proponent.

(2) If DDA makes an adverse determination, the letter of determination shall provide a right to appeal the determination in accordance with COMAR 10.01.04.

.06 Covered Services — General.

A. The Program shall reimburse for services specified in this chapter when such services have been documented as:

- (1) Necessary to prevent institutionalization in an ICF-ID;
- (2) Preauthorized in the participant's IP, which is approved by DDA or its designee; and
- (3) The most cost efficient service that can be provided without sacrificing effectiveness or access to care.

B. Costs for covered services shall be reasonable and necessary.

C. Limitations. The following are not covered:

- (1) Services that are of the same type, duration and frequency as other services to which the participant is entitled under the participant's private health insurance, the Medicaid State Plan, or through other resources, including programs funded under the Rehabilitation Act of 1973, §110, or Individuals with Disabilities Education Act;
- (2) Services which are not part of a waiver participant's IP; and
- (3) Services that are experimental or prohibited treatments by the Health Occupations Licensing Boards and the Federal Drug Administration.

D. For each date that a waiver participant who receives respite care or residential habilitation, payment may not be made for Medical Assistance personal care as described in COMAR 10.09.20.

E. Payment may not be made for the same date of service for traditional day habilitation services and expanded day habilitation—supported employment services, expanded day habilitation—employment discovery and customization, or expanded day habilitation—community learning services.

F. A provider is not entitled to reimbursement from the Program unless the waiver participant meets all waiver eligibility criteria at time of service delivery.

G. If the Program denies payment or requests repayment on the basis that an otherwise covered service was not programmatically necessary, the provider may not seek payment for that service from the participant.

.07 Covered Services — Assistive Technology and Adaptive Equipment.

A. The Department shall reimburse for assistive technology and adaptive equipment provided to participants that enable them to live successfully in the community when this technology and equipment is not otherwise covered by the by the Program:

B. Assistive technology and adaptive equipment include:

- (1) Communication devices;
- (2) Visual or auditory support technologies;
- (3) Equipment needed to adapt the participant's or family's vehicle;
- (4) Any piece of disability-related technology or equipment that enables an individual greater ability to live independently; and
- (5) Assessments, specialized training, and upkeep and repair needed in conjunction with the use of devices and equipment.

C. Assistive technology and adaptive equipment shall be reimbursed only if preauthorized by DDA based on appropriate assessment and professional recommendations and when not otherwise available under the individual's private health insurance, the Medicaid State plan, or through other resources, including services available to an individual under a program funded through §110 of the Rehabilitation Act of 1973 or §602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401).

D. Reimbursement shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee.

.08 Covered Services — Behavioral Supports.

A. Behavioral supports are an array of services to assist participants who without such supports are experiencing or are likely to experience difficulty in community living as a result of behavioral, social, or emotional issues.

B. Behavior support services providers shall provide services in the individual's home or other noninstitutional setting.

C. Behavior support services providers shall provide services in accordance with the IP as defined in COMAR 10.22.10 and may include, but are not limited to the following:

- (1) Behavior consultation;
- (2) Behavior plan development and monitoring;
- (3) In-home behavioral support such as training for families and service providers on implementation of the behavior plan;
- (4) Behavioral respite;
- (5) Temporary augmentation of staff;
- (6) Intensive behavior management program in a short term alternative living arrangement to address significant challenging behaviors; or
- (7) Other treatment, therapy, or supports that are geared to helping the individual successfully manage challenging behaviors.

D. The Program shall reimburse for behavior support services when adequately documented to include assessment reports or case notes, behavior plan, timesheets, and other documents signed and dated by the individual providing services.

E. Behavior support services may not:

- (1) Be reimbursed unless required in the IP; and
- (2) Supplant services available through other resources, including the Program.

F. Reimbursement for behavioral support services, behavioral respite services, temporary staff, augmentation services, behavioral consultation services, and intensive behavioral management programs in alternative living arrangements shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee.

.09 Covered Services — Community Residential Habilitation Services.

A. Community residential habilitation services are only covered under the Community Pathways Waiver. These services assist Community Pathways Waiver participants in acquiring the skills necessary to maximize the participant's independence in activities of daily living and to fully participate in community life.

B. Residential habilitation services providers shall provide services in the following DDA licensed community settings:

- (1) Group homes;
- (2) Alternative living units; or
- (3) Individual family care homes.

C. Residential habilitation services shall be provided as required in the IP and shall include the following:

- (1) A program of habilitation which shall:
 - (a) Be specified in the IP; and
 - (b) Provide training in the development of self-help, daily living, self-advocacy, and survival skills based on needs, ability, and whether the skills are likely to improve the individual's quality of life;
- (2) Mobility training to maximize use of public transportation in traveling to and from community activities and services, and recreational sites;
- (3) Training and assistance in developing appropriate social behaviors that are normative in the surrounding community such as conducting one's self appropriately in restaurants, on public transportation vehicles, in recreational facilities, in stores, and in other public places;
- (4) Training and assistance in developing patterns of living, activities, and routines which are appropriate to the waiver

participant's age and the practices of the surrounding community and which are consistent with the waiver participant's interest and capabilities;

(5) Training and assistance in developing basic safety skills;

(6) Training and assistance in developing competency in housekeeping skills including, but not limited to, meal preparation, laundry, and shopping;

(7) Training and assistance in developing competency in personal care skills such as bathing, toileting, dressing, and grooming;

(8) Training and assistance in developing health care skills, including but not limited to:

(a) Maintaining proper dental hygiene;

(b) Carrying out the recommendations of the dentist or physician;

(c) Appropriate use of medications and application of basic first aid;

(d) Arranging medical and dental appointments; and

(e) Summoning emergency assistance;

(9) Training and assistance in developing money management skills, which include recognition of currency, making change, bill paying, check writing, record keeping, budgeting, and saving; and

(10) Supervision or guidance of individuals as appropriate.

D. Residential habilitation services may include other services unavailable from any other resource, including the Medicaid State Plan, as described in §§E—J of this regulation.

E. Coordination, monitoring, follow-up, and transportation to and from appointments for medical services as appropriate.

F. Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided under the waiver when included in the IP and shall include:

(1) Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;

(2) Evaluation and reevaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;

(3) Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;

(4) Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and

(5) Improvement of mobility skills.

G. Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation for adults, shall be provided when included in the IP and shall specify:

(1) Part or parts of the body to be treated;

(2) Type of modalities or treatments to be rendered;

(3) Expected results of physical therapy treatments; and

(4) Frequency and duration of treatment which shall adhere to accepted standards of practice.

H. Social services, not provided under the Program, shall be provided when included in the IP and shall include:

(1) Identification of the waiver participant's social needs; and

(2) Supports to assist the waiver participant's adaptation and adjustment to his or her environment.

I. Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when included in the IP and shall include:

(1) Maximization of communication skills;

(2) Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;

(3) Coordination of interdisciplinary goals related to hearing and speech needs; and

(4) Consultation with staff regarding the waiver participant's programs.

J. Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when preauthorized by the DDA and included in the IP and includes:

(1) Short-term skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

(2) Part-time or intermittent skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention; and

(3) Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

(a) Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

(b) Education, supervision, and training of waiver participants in health-related matters.

K. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been preauthorized by the DDA.

L. Transportation to and from activities shall be provided or arranged by the provider. The provider shall use the mode of transportation that achieves the least costly, and most appropriate, means of transportation for the individual, with the priority given to the use of public transportation when appropriate.

M. Community residential habilitation services shall be provided for at least 6 hours a day to a participant.

N. Coverage is available for 33 days of absences per year per recipient when the recipient is unable to be in residential habilitation due to illness, vacation, home visits, medical appointments, or other circumstances as approved by the DDA.

O. The Medicaid payment for community residential habilitation may not include either of the following items which the provider is expected to collect from the participant:

(1) Room and board; or

(2) Any assessed amount of contribution by the individual for the cost of care, established according to Regulation .04E of this chapter.

P. Reimbursement for community residential habilitation service with the exception of individual family care homes is determined pursuant to COMAR 10.22.17.

Q. Reimbursement for individual family care homes shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee.

.10 Covered Services — Community Supported Living Arrangements.

A. Community supported living arrangements providers shall provide services for participants living in their own home or in the family home.

B. Community supported living arrangements providers shall provide services in accordance with the IP.

C. As included in the IP, an individual in community supported living arrangements shall be offered regularly specified personal assistance, support, supervision, and training to assist the individual to participate fully in home and community life.

D. Community Supported Living Arrangements I (CSLA I) includes, but is not limited to:

(1) Physical, cognitive, and communication supports;

(2) Behavioral supports to implement behavior plans;

(3) Supervision and training;

(4) Supports to ensure health and safety, including nursing supervision and medication administration consistent with the Maryland Nurse Practice Act and COMAR 10.27.11;

(5) The maintenance and cleaning of adaptive devices;

(6) Provision of 24-hour emergency assistance where:

(a) The services are utilized to provide a waiver participant with access to backup services in the event of an emergency, without dictating that the waiver participant be subject to on-site 24-hour supervision; and

(b) The access to 24-hour emergency assistance shall be adapted to the skills and needs of the waiver participant and may include the use of an emergency telephone number, a pager, or other appropriate technology specified in the IP;

(7) Engagement in activities to improve social skills;

(8) Support, supervision, and training may be provided in such activities as:

(a) Housekeeping;

(b) Menu planning, food shopping, meal preparation, and eating; and

(c) Personal care and assistance with hygiene and grooming; and

(9) Supports necessary to effectively link individuals with the community, which may include, but are not limited to, the following:

(a) Assisting the individual to establish relationships in the community with individuals, organizations, or associations;

(b) Assisting the individual to enhance skills related to expressing preferences and choices;

(c) Assisting the individual with or providing training related to finances, including money management, banking, and tax preparation;

(d) Facilitating opportunities for the individual to acquire skills identified in the IP, including self-advocacy training;

(e) Assistance with securing and maintaining government and community resources;

(f) Assistance with securing and maintaining housing; and

(g) Assistance with locating roommates of the individual's choosing.

E. Community Supported Living Arrangements II (CSLA II) includes, but is not limited to:

(1) Hands-on assistance that enables the waiver participant to accomplish tasks they are unable to perform independently due to a physical disability;

(2) Includes assistance with activities of daily living, including:

(a) Bathing and completing personal hygiene routines;

(b) Toileting, including bladder and bowel requirements, bed pan routines, routines associated with the achievement or maintenance of continence, incontinence care, and movement to and from the bathroom;

(c) Mobility, including transferring from a bed, chair, or other structure and moving about indoors and outdoors;

(d) Moving, turning, and positioning the body while in bed or in a wheelchair;

(e) Eating and preparing meals; and

(f) Dressing and changing clothes; and

(3) Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when preauthorized by the DDA and included in the IP and includes:

(a) Short-term skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

(b) Part-time or intermittent skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as

performed by the nurse for individuals who need brief nursing intervention; and

(c) Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

(i) Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

(ii) Education, supervision, and training of waiver participants in health-related matters.

F. CSLA I services may not be reimbursed during the same time periods as CSLA II, Traditional or Expanded Day Habilitation, or Family and Individual Support Services.

G. CSLA II services may not be reimbursed during the same time periods as CSLA I, Traditional or Expanded Day Habilitation, or State Plan Personal Care Services as described in COMAR 10.09.20.

H. CSLA services are not available for individuals receiving community residential habilitation.

I. CSLA services greater than 82 hours per week shall be preauthorized by DDA.

J. Reimbursement for CSLA services is as set forth in COMAR 10.22.18.

K. Community Supported Living Arrangement I and II Retainer Fees. CSLA I and II Retainer Fees allow New Directions Waiver providers to be reimbursed to support waiver participants during a hospitalization not to exceed a total of 21 days annually per individual. Payment is subject to the approval of the Department and is intended to assist participants in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.

L. The reimbursement rate for retainer fees shall be reasonable, necessary, and determined based on the waiver participant's needs and is approved by DDA or its designee.

.11 Covered Services — Day Habilitation — Traditional.

A. Traditional day habilitation services shall be provided by licensed day habilitation programs when included in the waiver participant's IP and shall include the services listed in §§C—F of this regulation.

B. On an annual basis, or when requested by the participant or their representative, progress towards the participant's community integration and employment goals shall be assessed and reviewed.

C. Traditional day habilitation includes individuals participating in structured activities in nonintegrated environments for the majority of the day. The activities are designed to increase or maintain motor skills, communication skills, personal hygiene skills, vocational skills and community integration.

D. Transportation.

(1) Transportation services shall be provided or arranged for participants by the traditional day habilitation provider.

(2) The provider shall maximize the use of the following types of transportation services in an effort to achieve the least costly, yet appropriate, means of transportation for its participants such as:

(a) An individual who lives within walking distance of the day habilitation services center, and who is sufficiently mobile, shall be encouraged to walk;

(b) Transportation supplied by family, friends, neighbors, or volunteers; and

(c) Free community transportation services.

(3) Records shall clearly indicate both a primary transportation plan and an alternate plan. The provider shall keep accurate records which include the type of transportation used by each participant.

F. Traditional day habilitation providers shall implement treatment protocols as developed by licensed professionals such as specialized diets, exercise, and preventive activities as needed and

identified in the IP, such as use of soft foods to prevent choking and a special diet to avoid a food allergy.

G. Other services to enable the individual to successfully participate in traditional day habilitation which may be included in the IP if approved by DDA, include:

(1) Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided under the waiver when professionally recommended and included in the IP and shall include:

(a) Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;

(b) Evaluation and reevaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;

(c) Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;

(d) Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and

(e) Improvement of mobility skills;

(2) Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation, shall be provided when professionally recommended and included in the IP and shall specify:

(a) Part or parts of the body to be treated;

(b) Type of modalities or treatments to be rendered;

(c) Expected results of physical therapy treatments; and

(d) Frequency and duration of treatment which shall adhere to accepted standards of practice;

(3) Social services, not provided under Program, shall be provided when included in the IP and shall include:

(a) Identification of the waiver participant's social needs; and

(b) Supports to assist the waiver participant's adaptation and adjustment to the environment;

(4) Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when professionally recommended and included in the IP and shall include:

(a) Maximization of communication skills;

(b) Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;

(c) Coordination of interdisciplinary goals related to hearing and speech needs; and

(d) Consultation with staff regarding the waiver participant's programs; and

(5) Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when professionally recommended, preauthorized by the DDA and included in the IP and includes:

(a) Short-term skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

(b) Part-time or intermittent skilled, nondelegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;

(c) Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

(i) Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

(ii) Education, supervision, and training of waiver participants in health-related matters.

H. Any other professional services will only be covered under the waiver if the Program has denied a covered service, and the service has been preauthorized by the DDA.

I. Reimbursement for traditional day habilitation service is determined pursuant to COMAR 10.22.17.

.12 Covered Services — Expanded Day Habilitation — Community Learning Services.

A. Community Learning Services are for individuals currently unable to work due to disability, age, or circumstances.

B. The Department shall reimburse for services to support participants to be involved in activities in integrated community settings that improve their communication, social skills, health and employability.

C. These services shall be provided in lieu of the traditional day habilitation services.

D. Community learning services shall:

(1) Be provided in accordance with the individual's IP;

(2) Be developed through a detailed person-centered planning process, which shall include annual assessment of the individual's employment goals;

(3) Be provided in community settings with nondisabled individuals except in the case of self-advocacy groups;

(4) Be provided in groups of no more than 4 individuals with developmental disabilities, all of whom have similar interests and goals as outlined in their person-centered plans or IPs except in the case of self-advocacy groups;

(5) Be specific, individualized, and goal-oriented;

(6) Assist individuals in developing the skills and social supports necessary to gain employment;

(7) Promote positive growth;

(8) Provide activities, special assistance, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed and participate in activities in their communities; and

(9) Be assessed on an ongoing basis and reviewed annually or with greater frequency at the request of the individual, their family, or guardian.

E. Community learning services that lead to employment may include:

(1) Self-determination or self-advocacy training;

(2) Workshops and classes;

(3) Peer mentoring;

(4) Volunteer activities; and

(5) Activities that promote health and socialization.

F. Transportation to and from the community learning services shall be provided or arranged by the provider and funded through the rate for this service. The provider shall use the mode of transportation that achieves the least costly and most appropriate means of transportation for the individual, with priority given to the use of public transportation when appropriate.

G. Reimbursement for services is determined pursuant to COMAR 10.22.17.

.13 Covered Services — Expanded Day Habilitation — Employment Discovery and Customization.

A. Employment discovery and customization services are designed to assist participants to access employment.

B. Employment Discovery and Customization services shall be provided in accordance with the IP.

C. Services include:

(1) Community-based formal or informal vocational assessments;

(2) Job development;

- (3) Job and task analysis activities;
- (4) Job training;
- (5) Work skill training;
- (6) Modification of work materials, procedures, and protocols;

and

(7) Training in social skills, acceptable work behaviors, and other skills such as money management, basic safety skills, and work-related hygiene.

D. The Department shall reimburse for up to 3 months of employment discovery and customization services to assist an individual in gaining competitive employment at an integrated work setting where the individual receives comparable wages to other employees and where most of the employees do not have disabilities.

E. Additional monthly increments shall be preauthorized by the DDA.

F. Reimbursement is determined pursuant to COMAR 10.22.17.

.14 Covered Services — Expanded Day Habilitation — Supported Employment.

A. Supported employment services are designed to assist participants with accessing and maintaining paid employment.

B. Supported employment services shall be provided in accordance with the individual's IP.

C. Supported employment services are available for individuals who, with provider funded supports, are:

- (1) Working in community businesses for pay;
- (2) Self-employed; or
- (3) Participating in any integrated work program that includes supports necessary for the individual to achieve the desired outcomes outlined in the person-centered plan and articulated in the plan of care.

D. Supported employment services include:

(1) Job skill training which includes any or all of the following to the extent required by the individual:

- (a) Skills required to perform a job;
- (b) Supported microenterprise or business development;
- (c) Community mobility training;
- (d) Guidance in acceptable job behaviors;
- (e) Job seeking and interviewing skills;
- (f) Job support;
- (g) Development of natural job supports; and
- (h) Assistance to integrate into workforce; and

(2) Transportation, as follows:

(a) Transportation to and from the supported employment activities shall be provided or arranged by the licensed provider and funded through the rate for this service; and

(b) The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

E. An individual shall participate in supported employment activities as described in §§B and C of this regulation between 20 to 40 hours per week unless approved by DDA or its designee.

F. An individual shall participate in supported employment activities a minimum of 4 hours per day unless there is documentation in the IP that the individual is unable to maintain the minimum hours due to the nature of the individual's disability.

G. Reimbursement for supported employment services is determined pursuant to COMAR 10.22.17.

.15 Covered Services — Environmental Accessibility Adaptations.

A. Environmental accessibility adaptations are physical adaptations necessary to make a residence accessible to meet the needs for waiver participants to live independently and safely.

B. Adaptations shall be provided when preauthorized by the DDA and also documented in the IP.

C. Environmental accessibility adaptations shall only be approved if they are:

(1) Required because of the residence's physical structure and the participant's special functional needs;

(2) Reasonable and necessary to prevent the participant's institutionalization or hospitalization; and

(3) Provided to ensure the following:

(a) The participant's health, welfare, and safety; or

(b) The participant's ability to function with greater independence and access in the residence.

D. Environmental accessibility adaptations shall be approved by the owner of the home or building, if not the participant. The owner, if not the participant, shall agree that the participant will be allowed to remain in the residence for at least 1 year.

E. The accessibility adaptations include remodeling of the home to make it physically accessible for waiver recipients, and may include but are not limited to:

- (1) Installation of grab bars;
- (2) Construction of access ramps and railings for a waiver participant who uses a wheelchair or who has limited ambulatory ability;
- (3) Installation of detectable warnings on walking surfaces;
- (4) Installation of visible fire alarm for individual who has a hearing impairment;
- (5) Adaptations to the electrical, telephone, and lighting systems;
- (6) Life-saving equipment for waiver participants;
- (7) Widening of doorways and halls for wheelchair use; and
- (8) Installation of chair glides.

F. All construction shall:

- (1) Be provided in accordance with applicable State or local building codes; and
- (2) Pass the required inspections.

G. Not covered under this regulation are adaptations or improvements to the home, such as carpeting, roof repair, and central air conditioning, which:

- (1) Are of general utility;
- (2) Are not of direct medical or remedial benefit to the participant; or
- (3) Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs.

H. All providers of housing adaptations services shall:

- (1) Be properly licensed or certified by the State to provide the service being rendered;
- (2) Be bonded as is legally required;
- (3) Obtain all required State and local permits;
- (4) Obtain final required inspections; and
- (5) Perform all work in accordance with State and local building codes.

I. Reimbursement shall be reasonable, necessary, and approved by DDA or its designee. There is a lifetime limit of \$17,500 for participants in the waiver unless otherwise approved by DDA.

.16 Covered Services — Individual Directed Goods and Services.

A. Individual Directed Goods and Services are services, equipment, or supplies that the participant does not have the funds to purchase and that are not otherwise provided through this waiver or through the Medicaid State Plan and that address an identified need in the IP. These items or services shall meet the following requirements:

- (1) The item or service would decrease the need for other Medicaid services;
- (2) Promote inclusion in the community; or
- (3) Increase the participant's safety in the home environment.

B. Individual Directed Goods and Services are purchased from the participant-directed budget.

C. Experimental or prohibited treatments are excluded.

D. The coverage of this service is limited to ND waivers participants only.

E. Goods and services purchased under this coverage may not circumvent other restrictions on the claiming of FFP for waiver services, including the prohibition against claiming for the costs of room and board.

F. The reimbursement shall be reasonable, necessary, and approved by DDA or its designee.

.17 Covered Services — Family and Individual Support Services.

A. Family and Individual Support Services are designed to be:

(1) Flexible and dynamic to meet the needs of individuals or families desiring specific areas of support and for those who have changing needs; and

(2) Readily adaptable to the changing needs of the individual.

B. Family and individual support services for participants shall include, but not be limited to:

(1) Typically low-cost supports, provided more intermittently than CSLA I or II, and often utilized to purchase items or services necessary to maintain the individual's community living that are not available through other waiver services;

(2) Supports to assist the individual to gain skills;

(3) The purchase of materials, supplies, equipment, or services not otherwise covered by other sources but necessary for the successful community living of the individual; and

(4) Supports to access community activities and services, including helping the individual and family with the day-to-day coordination of needed services, including:

(a) Child and after-school care;

(b) Support groups;

(c) Parent-to-parent activities;

(d) Self-advocacy training and activities for youth and adults as approved by DDA; and

(e) Family training on issues related to the participant's needs, and includes instruction about treatment regimens and use of equipment specified in the service plan and information as necessary to safely maintain the participant at home.

C. Services provided in §B of this regulation shall be provided:

(1) In accordance with the participant's IP; and

(2) To the individual or the persons who live with or provide care to an individual served on the waiver, including the participant's:

(a) Parent;

(b) Spouse;

(c) Children;

(d) Relatives;

(e) Foster family;

(f) In-laws; or

(g) Other people who have a close personal relationship to the waiver participant similar to that of a relative.

D. Scope and duration of services shall be approved by the DDA.

E. Family and individual support services are not available to individuals currently receiving Community Supported Living Arrangement or Community Residential Habilitation Services.

F. The Program may not reimburse for any family or individual support services provided to individuals who are employed to care for the participant.

G. The Program shall reimburse for family and individual support services when adequately documented, including timesheets, invoices and other documents as approved by DDA, when these documents are signed and dated by the individual providing services.

H. Reimbursement shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee.

.18 Covered Services — Fiscal Management Services.

A. Fiscal management services are administrative services which are procured by DDA to assist New Directions Waiver participants to direct their own services.

B. Fiscal management service include:

(1) Disbursing payments to providers and employees for services and supports identified in the IP;

(2) Ensuring compliance with federal and State tax laws and employee wage and hour laws by appropriately managing withholdings, tax payments, and payment for workers' compensation;

(3) Performing criminal background checks;

(4) Verifying provider certifications, trainings and licensing requirements; and

(5) Filing annual federal and State reports.

.19 Covered Services — Live-in Caregiver Rent.

A. A live-in caregiver's rent is covered when:

(1) Preauthorized by the DDA or its designee;

(2) Documented in the waiver participant's IP;

(3) The rent is incurred at the residence of an adult waiver participant who lives in their own home;

(4) The caregiver is not related to the participant;

(5) The home is also not owned, rented or leased by the family, the caregiver, the caregiver's immediate family, or a DDA-licensed provider;

(6) The caregiver is a qualified OHCDs; and

(7) Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary conditions are:

(a) Executed and signed by both the waiver participant, or the participant's legal representative, and the caregiver; and

(b) Forwarded to DDA as part of the request of authorization.

B. For the rent specified in §A of this regulation the Program shall reimburse the difference in rental costs between a 1 and 2-bedroom (or a 2 and 3-bedroom, etc.) unit, based on the fair market rent for the jurisdiction as, determined by the U.S. Department of Housing and Urban Development.

C. The Department may not reimburse for:

(1) Food;

(2) Utilities; or

(3) Room and board other than the rent specified in §A of this regulation.

.20 Covered Services — Medical Day Care.

A. The Department shall reimburse medical day care providers for providing medically supervised, health-related services provided in an ambulatory setting to participants with significant health conditions who, due to their degree of medical needs, need health maintenance and restorative services supportive of their community living.

B. The Department shall reimburse for medical day care services as specified in COMAR 10.09.07, which include:

(1) Health care services supervised by the director, medical director, or health director that emphasize primary prevention, early diagnosis and treatment, rehabilitation, and continuity of care;

(2) Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse;

(3) Physical therapy services, performed by or under supervision of a licensed physical therapist;

(4) Occupational therapy services, performed by an occupational therapist;

(5) Assistance with activities of daily living such as walking, eating, toileting, grooming and supervision of personal hygiene;

(6) Nutrition services;

(7) Social work services performed by a licensed, certified social worker or licensed social work associate;

(8) Activity programs; and

(9) Transportation services.

C. Medical day care providers shall meet all the requirements of COMAR 10.09.07.

D. The Program shall reimburse for medical day care services when:

(1) Ordered by a participant's physician annually;

(2) Adequately described in progress notes in the waiver participant's medical record, signed and dated by the individual providing care;

(3) Provided to participants certified by the Department as requiring nursing facility care under the Program as specified in COMAR 10.09.10;

(4) Provided to participants certified present at the medical day care center a minimum of 4 hours a day by an adequately maintained and documented participant register; and

(5) The frequency of attendance is determined by the physician orders and is part of the IP developed by the participant's team.

E. The reimbursement rate for medical day care is specified in COMAR 10.09.07.

.21 Covered Services — Resource Coordination.

A. Standard Resource Coordination Services and Transition Resource Coordination Services include:

(1) Assessment, planning, coordination, referral, and monitoring;

(2) Assessing and obtaining services needed for participants, including activities that focus on needs identification, any medical, educational, social, rehabilitative, or other services, and providing services in the most integrated setting;

(3) Convening and conducting the participant's team meeting to develop and revise a person-centered plan that articulates a waiver participant's short and long-term goals, needs, preferences, and desires using a DDA-approved person centered planning tool;

(4) Developing and revising, through a person-directed and centered process, the waiver participant's annual IP;

(5) Assisting the waiver participant in identifying, negotiating, and obtaining needed services that are agreed upon and specified in the IP;

(6) Identifying referral activities including assisting the individual in identifying, locating, and brokering services, which may include generic programs, natural supports, other State programs including Program services, and services funded by DDA;

(7) Reassessing or arranging for the periodic reassessment of the waiver participant's needs and services;

(8) Assisting the waiver participant in maximizing the use of the following sources of services and equipment in an effort to achieve the least costly, yet appropriate, delivery of services to the waiver participant:

(a) Services covered by the Program or other third-party payers;

(b) Generic services covered by other programs; and

(c) Services that can be paid for with the waiver participant's personal needs allowance funds;

(9) Coordinating State Plan Medicaid services and waiver services to ensure they are clearly identified in IP and are not duplicative;

(10) Advocating for the participant to assure that the participant's rights are protected, the participant's needs and

preferences are considered, and services are offered in the most integrated setting;

(11) Acting as a third party advocate for implementing the IP and maintaining eligibility for public services such as Social Security, Medicaid, and other State programs; and

(12) Monitoring services being provided to a participant to ensure IP implementation, individual satisfaction, quality of services, and health and safety.

B. The reimbursement rate for resource coordination shall be reasonable, necessary, and preauthorized by the DDA.

C. Providers of resource coordination services pursuant to these regulations may not be providers of any other service covered under this chapter.

D. The Department may not reimburse for resource coordination services furnished before the development of, or not included in, the IP.

E. In addition to the services covered under §A of this regulation, resource coordination includes transition resource coordination services, which shall:

(1) Be provided to assist individuals plan their relocation from institution to the community, up to 6 months in advance, to make selections on where the individual would like to live, who will provide services, and other decisions for a successful community transition;

(2) Be initiated by the resource coordinator designated by the Regional Office of DDA with participation by the individual, interdisciplinary team members, or others identified by the individual;

(3) Support the individual in learning what opportunities exist and in making informed decisions for future community life; and

(4) Be preauthorized by the DDA Regional Office.

F. The reimbursement rate for transition resource coordination services shall be reasonable, necessary, and approved by DDA or its designee. Reimbursement shall be available up to 180 days in advance of a person's transition.

G. Reimbursement for transition resource coordination for the amount approved in the plan shall be provided after the individual is successfully relocated in the community.

.22 Covered Services — Respite Care.

A. Respite care is a relief service provided for the participant's family or care provider. It is provided in a noninstitutional setting to meet planned or emergency situations, giving caregivers a period of relief for scheduled or emergency time away from the individual, including vacations.

B. Respite is only available to a waiver participant that lives in:

(1) The participant's own home;

(2) The participant's family home;

(3) The participant's foster care home; or

(4) An IFC.

C. Respite is not provided for an individual who resides in group homes or alternative living units.

D. Respite care services shall be:

(1) Operated by a provider of residential habilitation services;

(2) Licensed by the State, in accordance with COMAR 10.16.06, to provide respite care; or

(3) Approved by DDA.

E. Respite can be provided in:

(1) The individual's home;

(2) The individual's family home;

(3) The individual's foster care home;

(4) An IFC;

(5) A DHMH-certified overnight camp covered under COMAR 10.16.06; or

(6) Another noninstitutional setting approved by DDA.

F. Respite care services may not exceed 45 days within each rolling year and may not be provided for more than 28 consecutive days unless approved by DDA.

G. The reimbursement rate for respite shall be reasonable, necessary, determined based on the participant's needs, and approved by DDA or its designee.

.23 Covered Services — Support Brokerage.

A. Support brokerage is a New Directions waiver service that offers practical skills in self direction and employer planning, service start-up, training, and hiring assistance to enable individuals to remain independent.

B. Support brokerage services are human resources supports to assist a participant and the participant's family to make informed decisions, as the employer, about what will work best for the participant and about what services and supports are consistent with the participant's needs and reflect the participant's individual circumstances.

C. The support broker shall assist with day-to-day management of employees for a participant, and assist a participant and the participant's family in the necessary and ongoing employer decisions associated with self-direction.

D. Support broker services may include:

(1) Skills training and assistance related to employer functions, including:

- (a) Initial planning and start-up activities;
- (b) Recruiting, interviewing, and hiring staff;
- (c) Staff supervision and evaluation;
- (d) Firing staff;
- (e) Participant direction;
- (f) Managing the budget;
- (g) Facilitating meetings with employees;
- (h) Managing employees, supports and services;
- (i) Advocating for supports and services;
- (j) Employer development activities;
- (k) Employment quality assurance activities; and
- (l) Risk assessment, planning, and remediation activities;

(2) Review of individual budgets and invoices for the person they are supporting;

(3) Conducting audits;

(4) Developing and reviewing data, employee timesheets, and communication logs;

(5) Providing sufficient information to assure that a participant and the participant's family understands the responsibilities involved with self-direction;

(6) Assisting in the development and maintenance of effective back-up and emergency plans;

(7) Support broker start-up services to assist a participant with initial service start-up activities;

(8) Training all of the participant's employees on the Policy on Reportable Incidents and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA;

(9) Reviewing employee time sheets and monthly Fiscal Management Services reports to ensure that the individualized budget is being spent in accordance with the approved Individual Plan and Budget; and

(10) Complying with all applicable regulations and policies, as well as standards contained in the New Directions Manual for Participants and their Support Brokers.

E. Scope and duration of support brokerage services may vary depending on the participant's choice and need for support, assistance, or existing natural supports.

F. Individuals and organizations providing support brokerage services to an individual may provide no other service to that individual under the New Directions Waiver.

G. Support brokerage services may not duplicate, replace, or supplant resource coordination services.

H. Legally responsible adults, for example, parents of dependent children, may act as unpaid support brokers only.

I. The support broker shall provide at least 4 hours per month of service unless otherwise approved by the DDA.

J. The reimbursement rate shall be reasonable, necessary, and approved by DDA or its designee.

.24 Covered Services — Transition Services.

A. Residential Set-up Transition Services.

(1) Residential set-up services shall be provided when included in the IP for an individual transitioning from an institution who is establishing their own homes in the community.

(2) Residential set-up services may also be authorized by DDA for individuals transferring from one community setting to another.

(3) A participant or the participant's selected provider shall submit a budget for residential set-up services to the DDA for approval. The proposed budget shall be included as part of the IP, and shall:

(a) Include an itemized list of necessary start-up and transition expenses; and

(b) Be evaluated by the DDA, which shall only approve those items it deems necessary for successful transition.

(4) Transition services may include the following covered items:

(a) Furnishings such as household furniture and items for bedroom, living room, kitchen, and dining room, including:

(i) Bedroom furniture;

(ii) Dining room furniture;

(iii) Living room furniture;

(iv) Kitchen ware such as dishes, pots, pans, and flatware;

(v) Telephone; and

(vi) Moving expenses;

(b) Necessary services such as telephone installation, set-up fees or deposits for utilities, or deposits required to lease an apartment, and moving expenses;

(c) Health and safety assurances including pest eradication, allergen control, and one-time cleaning before occupancy.

(5) The Department may not reimburse for services and items for entertainment such, as televisions, video recorders, game stations, DVD players, monthly cable fees, and monthly telephone fees.

B. Reimbursement for residential set-up transition services shall be reasonable, necessary, determined by the participant's needs, and approved by DDA before any service may be rendered. The maximum payment for this service may not exceed \$3,000 per fiscal year.

C. Payment is allowable for residential set-up incurred no more than 180 days in advance of waiver enrollment. Items are payable only upon entrance into the waiver and may not be purchased from a waiver participant's family member.

D. Community Acclimatization.

(1) The Department shall reimburse for services that allow individuals residing in an ICF-ID or other congregate facility, the opportunity for short-term overnight stays with the community provider that they have identified as their service provider upon leaving the ICF-ID or other congregate facility.

(2) The Department shall reimburse for a maximum of 7 overnight stays within the 60-day period before the waiver participant's move.

E. Reimbursement for community acclimatization services shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee.

.25 Covered Services — Transportation Services.

A. Transportation service is designed specifically to enhance a participant's ability to access community activities in response to needs identified through the individual's service plan.

B. Services are available to the participant living in the participant's own home or in the participant's family home.

C. Transportation service may be provided by different modalities, including public transportation, taxi services, and nontraditional transportation providers.

D. Transportation service shall be provided by the most cost-efficient mode available.

E. Transportation service may not be covered if other transportation service is available or covered, including under the Medicaid State Plan, IDEA, or the Rehabilitation Act.

F. Payment for transportation may not be made when transportation is part of another waiver service such as day habilitation or expanded day habilitation services.

G. Reimbursement shall be reasonable, necessary, determined by the participant's needs, and approved by DDA or its designee. There is an annual limit of \$1,200 for each participant.

.26 Conditions for Reimbursement.

A. The Program shall be cost-neutral in the aggregate by costing less on an average per capital basis for services covered under this chapter and any other State Plan services which are incurred by waiver participants, than the Program's average per capita payments for ICF-ID services and State Plan services incurred by ICF-ID residents.

B. As long as the Program meets the condition in §A of this regulation, the Department shall reimburse for services under this chapter when the services are:

- (1) Provided to a participant who meets the qualifications for eligibility specified in Regulation .03 of this chapter;
- (2) Recommended in the participant's IP;
- (3) Provided by an approved provider which meets the appropriate conditions for participation specified in this chapter; and
- (4) Rendered pursuant to:
 - (a) The definition of covered services in this chapter;
 - (b) All other requirements specified in this chapter; and
 - (c) The waiver proposal and any amendments to it approved by the Secretary of Health and Human Services; and
- (5) Supported by documentation, such as IP, assessment reports, case notes, behavior plan, timesheets, and other documents signed and dated by the individual providing the waiver service. Documentation shall be available upon request.

B. Request for Payment.

(1) All requests for payment of services rendered shall be submitted according to procedures established by the Department. Payment requests which are not properly prepared or submitted may not be processed, but shall be returned unpaid to the provider.

(2) Requests for payment shall include all units of service rendered to a waiver participant during the billing period.

C. **Billing Time Limitations.** Billing time limitations for claims submitted pursuant to this chapter are set forth in COMAR 10.09.36.

D. Payments.

- (1) Payments shall be made only to a qualified provider.
- (2) Payment may not be made to a waiver participant, in connection with the provision of services specified in this chapter.

.27 Recovery and Reimbursement.

A. If the recipient has insurance or other coverage, or if any other person is obligated, either legally or contractually, to pay for, or to reimburse the recipient for, covered services, the provider shall seek payment from that source first. If an insurance carrier rejects the claim or pays less than the amount allowed by the Medical

Assistance Program, the provider may submit a claim to the Program. The Program shall pay the difference between what was paid by the insurance carrier and the Program's maximum fees. Total payment cannot exceed the Program's maximum fee. The provider shall submit a copy of the insurance carrier's notice or remittance advice with the invoice. If payment is made by both the Program and the insurance or other source for the same service, the provider shall refund to the Department, within 60 days of receipt, the amount paid by the Program or the insurance or other source, whichever is less.

B. The provider shall reimburse the Department for any self-discovered overpayments or any overpayments discovered during an audit.

C. If the provider fails to reimburse the Department in accordance with §§A and B of this regulation, the provider shall be responsible for reimbursing the Department for the amount of the overpayment and any audit costs incurred by the Department in seeking recovery of the overpayment.

D. An audit is considered to have commenced upon the initial written notification by the Department or the Department's agent to the provider.

.28 Cause for Suspension or Removal and Imposition of Sanctions.

A. If the Department determines that a provider, any agent or employee of the provider, or any person with an ownership interest in the provider or related party of the provider has failed to comply with applicable federal or State laws or regulations, the Department may initiate one or more of the following actions against the responsible party:

- (1) Suspension from the Program;
- (2) Withholding of payment by the Program;
- (3) Removal from the Program; and
- (4) Disqualification from future participation in the Program,

either as a provider or as a person providing services for which Program payment will be claimed.

B. If the Secretary of Health and Human Services suspends or removes a provider from participation in Medicare, the Department shall take similar action.

C. The Department shall give the provider reasonable notice of its intention to impose sanctions. In the written notice, the Department shall establish the effective date and the reasons for the proposed action, and advise the provider of the right to appeal.

D. A provider who voluntarily withdraws from the Program, or is removed or suspended from the Program according to this regulation, shall notify recipients, before rendering additional services, that the provider no longer honors Medical Assistance cards.

.29 Appeal Procedures.

A. Appeal procedures for providers are as specified in COMAR 10.09.36.

B. Appeal procedures for participants, including the notification to request a fair hearing, are as specified in COMAR 10.01.04.

C. Persons filing appeals contending that they were not informed of their choice of services or that they were denied the service of their choice may file an appeal requesting a fair hearing under provisions contained in COMAR 10.01.04.

.30 Interpretive Regulation.

Except when the language of a specific regulation indicates an intent by the Department to provide reimbursement for covered services to Program recipients without regard to the availability of federal financial participation, State regulations shall be interpreted in conformity with applicable federal statutes and regulations.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

Benefit (+)
Cost (-) Magnitude

Notice of Proposed Action
[12-247-P]

The Secretary of Health and Mental Hygiene proposes to amend:
(1) Regulation .19 under **COMAR 10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations**; and
(2) Regulation .14 under **COMAR 10.09.76 Primary Adult Care Program**.

D. On regulated industries or trade groups: (-) \$8,553,398
E. On other industries or trade groups: NONE
F. Direct and indirect effects on public: NONE

Statement of Purpose

The purpose of this action is to implement the mid-year adjustment to the CY 2012 MCO's HealthChoice and PAC capitation rates effective July 1, 2012.

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. Base data for the mid-year adjustment is the audited calendar year 2010 MCO reported expenditures and updated HSCRC and MCO data.
D. There will be a negative impact on the MCOs due to the overall decrease.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Estimate of Economic Impact

I. Summary of Economic Impact.

The net economic impact of the CY 2012 mid-year adjustment is \$8,553,398. This includes an overall decrease in the HealthChoice rates of \$8,699,968 and an increase in the PAC rates of \$146,570. The adjustment includes a 2 percent rate reduction to HealthChoice rates due to budget cuts and adjustments for inpatient and outpatient hospital rates, outpatient tiering, pharmacy rebates, and GME.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

II. Types of Economic Impact.

	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude

A. On issuing agency:	(E-)	\$8,553,398
B. On other State agencies:	NONE	
C. On local governments:	NONE	

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

10.09.65 Maryland Medicaid Managed Care Program: Managed Care Organizations

Authority: Insurance Article, §15-112, 15-605, and 15-1008; Health-General Article, §2-104, 15-102.3, and 15-103; Annotated Code of Maryland

.19 MCO Reimbursement.

A. (text unchanged)
B. Capitation Rate-Setting Methodology.
(1)—(3) (text unchanged)

(4) Except to the extent of adjustments required by §D of this regulation or by Regulations .19-1—.19-4 of this chapter, the Department shall make payments monthly at the rates specified in the following tables:

[(a)]—[(i)] (proposed for repeal)

(a) *Rate Table for Families and Children Effective July 1, 2012 — December 31, 2012*

	Age/RAC	Gender	PMPM Baltimore City	PMPM Allegany, Frederick, Garrett, Montgomery, Prince George's and Washington Counties	PMPM Rest of State
	Under age 1 Birth Weight 1500 grams or less	Both	\$6,646.82	\$5,524.76	\$5,955.24
	Under age 1 Birth Weight over 1500 grams	Both	\$395.16	\$328.45	\$354.05

PROPOSED ACTION ON REGULATIONS

	1-5	Male	\$173.72	\$144.40	\$155.65
		Female	\$153.57	\$127.65	\$137.59
	6-14	Male	\$94.89	\$78.87	\$85.01
		Female	\$92.87	\$77.19	\$83.21
	15-20	Male	\$130.71	\$108.65	\$117.11
		Female	\$169.35	\$140.76	\$151.73
	21-44	Male	\$294.65	\$244.91	\$263.99
		Female	\$406.50	\$337.88	\$364.21
	45-64	Male	\$590.61	\$490.91	\$529.16
		Female	\$606.21	\$503.87	\$543.13
<i>ACG—adjusted cells</i>					
ACG 100, 200, 300, 400, 500, 600, 700, 900, 1000, 1100, 1200, 1300, 1600, 1710, 1711, 1712, 1720, 1721, 1722, 1730, 1731, 1732, 1800, 1900, 2000, 2100, 2200, 2300, 2400, 2500, 2800, 2900, 3000, 3100, 3200, 3300, 3400, 3500, 3800, 4210, 5100, 5110, 5200 5230, 5310, 5339	RAC 1F	Both	\$244.60	\$208.87	\$220.25
ACG 800, 1740, 1741, 1742, 1750, 2700, 3600, 1750, 1751, 1752, 2700, 3600, 3700, 3900, 4000, 4100, 4220, 4310, 4410, 4510, 4610, 4710, 4720, 4810, 5340	RAC 2F	Both	\$336.07	\$ 286.98	\$ 302.61
ACG 1400, 1500, 1750, 1761, 1762, 1770, 1771, 1772, 2600, 4320, 4520, 4620, 4820	RAC 3F	Both	\$432.63	\$369.44	\$389.56
ACG 4330, 4420, 4830, 4910, 4920, 5010, 5020, 5040	RAC 4F	Both	\$697.47	\$595.60	\$628.03
ACG 4430, 4730, 4930, 5030, 5050	RAC 5F	Both	\$913.50	\$780.08	\$822.56
ACG 4940, 5060	RAC 6F	Both	\$1,086.19	\$927.56	\$978.06
ACG 5070	RAC 7F	Both	\$2,057.87	\$1,757.32	\$1,853.00
ACG 100, 200, 300, 500, 600, 1100, 1600, 2000, 2400, 3400, 5100, 5110, 5200	RAC 1G	Both	\$85.32	\$ 72.86	\$ 76.83

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ACG 400, 700, 900, 1000, 1200, 1300, 1710, 1711, 1712, 1800, 1900, 2100, 2200, 2300, 2800, 2900, 3000, 3100, 5310	RAC 2G	Both	\$111.85	\$95.51	\$100.71
ACG 1720, 1721, 1722, 1731, 1732, 1730, 2500, 3200, 3300, 3500, 3800, 4210, 5230, 5339	RAC 3G	Both	\$145.36	\$124.13	\$130.89
ACG 800, 1740, 1741, 1742, 1750, 2700, 3600, 1750, 1751, 1752, 2700, 3600, 3700, 3900, 4000, 4100, 4220, 4310, 4410, 4510, 4610, 4710, 4720, 4810, 5340	RAC 4G	Both	\$202.46	\$172.89	\$182.31
ACG 1400, 1500, 1750, 1761, 1762, 1770, 1771, 1772, 2600, 4320, 4520, 4620, 4820	RAC 5G	Both	\$285.68	\$243.96	\$257.24
ACG 4330, 4420, 4830, 4910, 4920, 5010, 5020, 5040	RAC 6G	Both	\$348.97	\$298.00	\$314.23
ACG 4430, 4730, 4930, 4940, 5030, 5050, 5060, 5070	RAC 7G	Both	\$663.79	\$566.84	\$597.71
SOBRA Mothers			\$681.63	\$566.56	\$610.71
Persons with HIV	ALL	Both	\$635.39	\$635.39	\$635.59

(b) Rate Table for Disabled Individuals
Effective July 1, 2012 — December 31, 2012

Age/RAC	Gender	PMPM Baltimore City	PMPM Allegany, Frederick, Garrett, Montgomery, Prince George's and Washington Counties	PMPM Rest of State
Under Age 1	Both	\$3,936.03	\$3,936.03	\$3,936.03
1-5	Male	\$915.29	\$915.29	\$915.29
	Female	\$808.07	\$808.07	\$808.07
6-14	Male	\$210.11	\$210.11	\$210.11
	Female	\$294.18	\$294.18	\$294.18
15-20	Male	\$224.67	\$224.67	\$224.67
	Female	\$358.23	\$358.23	\$358.23
21-44	Male	\$1,242.36	\$1,032.64	\$1,113.10
	Female	\$1,329.52	\$1,105.08	\$1,191.19
	Male	\$1,947.20	\$1,618.49	\$1,744.60
	Female	\$1,678.34	\$1,395.02	\$1,503.71
ACG—adjusted cells				

PROPOSED ACTION ON REGULATIONS

ACG 100, 200, 300, 1100, 1300, 1400, 1500, 1600, 1710, 1711, 1712, 1720, 1721, 1722, 1730, 1731, 1732, 1900, 2400, 2600, 2900, 3400, 5100, 5110, 5200, 5310	RAC 10	Both	\$243.44	\$207.88	\$219.20
ACG 400, 500, 700, 900, 1000, 1200, 1740, 1741, 1742, 1750, 1751, 1752, 1800, 2000, 2100, 2200, 2300, 2500, 2700, 2800, 3000, 3100, 3200, 3300, 3500, 3900, 4000, 4310, 5330	RAC 11	Both	\$322.81	\$275.66	\$290.67
ACG 600, 1760, 1761, 1762, 3600, 3700, 4100, 4320, 4410, 4710, 4810, 4820	RAC 12	Both	\$621.84	\$531.02	\$559.93
ACG 3800, 4210, 4220, 4330, 4420, 4720, 4910, 5320	RAC13	Both	\$685.24	\$585.16	\$617.02
ACG 800, 4430, 4510, 4610, 5040, 5340	RAC14	Both	\$890.21	\$760.19	\$801.58
ACG 1770, 1771, 1772, 4520, 4620, 4830, 4920, 5050	RAC15	Both	\$1,220.52	\$1,042.26	\$1,099.02
ACG 4730, 4930, 5010	RAC16	Both	\$1,469.12	\$1,254.56	\$1,322.87
ACG 4940, 5020, 5060	RAC17	Both	\$1,763.62	\$1,506.04	\$1,588.05
ACG 5030, 5070	RAC 18	Both	\$3,041.75	\$2,597.50	\$2,738.94
Persons with AIDS	All	Both	\$2,670.97	\$1,800.97	\$1,800.97
Persons with HIV	All	Both	\$1,644.10	\$1,644.10	\$1,644.10

(c) Rate Table for Supplemental Payment for Delivery/Newborn. Effective July 1, 2012—December 31, 2012

	Age	Gender	Baltimore City	Montgomery and Prince George's Counties	Rest of State
Supplemental Payment Cells					
Delivery/Newborn-all births except live birth weight 1,500 grams or less	All	Both	\$13,698.48	\$11,386.00	\$12,273.19
Delivery/Newborn-live birth weight 1,500 grams or less	All	Both	\$78,971.35	\$78,971.35	\$78,971.35

[(j)] (d)—[(m)] (g) (text unchanged)
 (5) (text unchanged)

1260

C.—D. (text unchanged)

10.09.76 Primary Adult Care Program

Authority: Health-General Article, §§15-101 and 15-103, Annotated Code of Maryland

.14 Payments.

A. MCO Capitation. The Department shall pay an MCO a fixed monthly capitation rate for each of its PAC enrollees, at the rates specified in the following table effective *July 1, 2012*:

[(1)]—[(2)] (proposed for repeal)

	<i>PMPM City</i>	<i>PMPM Rest of State</i>
<i>Age 19—44 Male</i>	<i>\$186.85</i>	<i>\$160.88</i>
<i>Age 19—44 Female</i>	<i>\$206.32</i>	<i>\$177.64</i>
<i>Age 45+ Male</i>	<i>\$230.30</i>	<i>\$198.29</i>
<i>Age 45+ Female</i>	<i>\$242.44</i>	<i>\$208.74</i>

B.—G. (text unchanged)

JOSHUA M.SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS

10.21.20 Community Mental Health Programs — Outpatient Mental Health Centers

Authority: Health-General Article, §§10-901 and 10-902, Annotated Code of Maryland

Notice of Proposed Action

[12-248-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under COMAR 10.21.20 Community Mental Health Programs — Outpatient Mental Health Centers.

Statement of Purpose

The purpose of this action is to clarify that electronic signatures are permitted.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.07 Treatment Planning and Documentation.

A. (text unchanged)

B. Continuing Evaluation and Treatment.

(1) Contact Note. Staff shall document each contact with the individual, including, at a minimum:

(a)—(h) (text unchanged)

(i) A legible signature, which may include an electronic signature, and printed or typed name of the licensed mental health professional providing care, with the appropriate title.

(2)—(3) (text unchanged)

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS

10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners

Authority: Health-General Article, §§10-901, 15-103, and 15-105; Title 16, Subtitles 1 and 2; Annotated Code of Maryland

Notice of Proposed Action

[12-245-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .03, .03-2, and .05—.11 under COMAR 10.21.25 Fee Schedule — Mental Health Services — Community-Based Programs and Individual Practitioners.

Statement of Purpose

The purpose of this action is to increase the reimbursement rate by .88 percent, effective July 1, 2012, and to add a definition for clarification.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The Department is increasing the reimbursement rates for certain community-based mental health services.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:		
(1)	(E+)	\$5,185,413
(2)	(R+)	\$2,212,859
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+)	
	Cost (-)	Magnitude
D. On regulated industries or trade groups:	(+)	\$5,185,413
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A(1). DHMH’s Mental Hygiene Administration will pay \$5,185,413 more in reimbursement rates to participating providers.

A(2). \$5,185,413 increase in rates - \$2,212,859 revenue from Medicaid Federal Fund Participation = \$2,972,554 total increase to DHMH expenditures.

D. See A(1) above.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.03 Definitions.

A. (text unchanged)

B. Terms Defined.

(1)—(11) (text unchanged)

(11-1) *Other Mental Health Professional.*

(a) “*Other mental health professional*” means an individual who is licensed, certified, or otherwise legally authorized to independently provide the mental health service.

(b) “*Other mental health professional*” includes a:

(i) *Licensed certified social worker — clinical;*

(ii) *Nurse psychotherapist;*

(iii) *Licensed clinical professional counselor;*

(iv) *Licensed clinical marriage and family therapist; or*

(v) *Certified registered nurse practitioner — psychiatric.*

(12)—(21) (text unchanged)

.03-2 Supplemental Rates.

Providers who billed for services rendered from July 1, [2008] 2012 until the effective date of these regulations may resubmit their claims and be reimbursed for these services as set forth in Regulations .05 — .10 of this chapter.

.05 Fee Schedule — Treatment Services — Diagnosis and Therapy.

A. Diagnostic Interview. The Department shall reimburse a provider for one face-to-face diagnostic interview of 45 to 50 minutes in length, as follows:

(1) For a child or adolescent, when rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

(a) OMHC — [\$183.90] \$185.52;

(b) Physician — [\$146.63] \$147.92;

(c) Psychologist — [\$117.05] \$118.08;

[(d) Licensed certified social worker — clinical — \$102.48;

(e) Nurse psychotherapist — \$102.48;

(f) Licensed clinical professional counselor — \$102.48;

(g) Licensed clinical marriage and family therapist — \$102.48;

(h) Certified registered nurse practitioner — psychiatric — \$102.48]

(d) *Other mental health professionals* — \$103.38;

(2) For an adult:

(a) OMHC — [\$164.65] \$166.10;

(b) Physician — [\$146.63] \$147.72;

(c) Psychologist — [\$117.05] \$118.08;

[(d) Licensed certified social worker — clinical — \$102.48;

(e) Nurse psychotherapist — \$102.48;

(f) Licensed clinical professional counselor — \$102.48;

(g) Licensed clinical marriage and family therapist — \$102.48;

(h) Certified registered nurse practitioner — psychiatric — \$102.48]

(d) *Other mental health professional* — \$103.48.

B. Individual Therapy. The Department shall reimburse a provider for an individual therapy session, as follows:

(1) For a child or adolescent, when rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:

(a) For 20—30 minutes:

(i) OMHC — [\$57.22] \$57.72;

(ii) Physician — [\$48.38] \$48.81;

(iii) Psychologist — [\$38.76] \$39.10;

[(iv) Licensed certified social worker — clinical — \$33.81;

(v) Nurse psychotherapist — \$33.81;

(vi) Licensed clinical professional counselor — \$33.81;

(vii) Licensed clinical marriage and family therapist —

\$33.81;

(viii) Certified registered nurse practitioner-psychiatric — \$33.81]

(iv) *Other mental health professional* — \$34.11;

(b) For 20—30 minutes, with medication evaluation and management:

(i) OMHC — [\$92.08] \$92.89;

(ii) Physician — [\$70.23] \$70.85;

[(iii) Certified registered nurse practitioner — psychiatric — \$49.16] \$49.59;

(c) For 45—50 minutes:

(i) OMHC — [\$101.70] \$102.59;

(ii) Physician — [\$87.91] \$88.68;

(iii) Psychologist — [\$70.23] \$70.85;

PROPOSED ACTION ON REGULATIONS

<p>\$61.65;</p> <p>(iv) Licensed certified social worker — clinical — \$61.65;</p> <p>(v) Nurse psychotherapist — \$61.65;</p> <p>(vi) Licensed clinical professional counselor — \$61.65;</p> <p>(vii) Licensed clinical marriage and family therapist — \$61.65;</p> <p>(viii) Certified registered nurse practitioner — psychiatric — \$61.65]</p> <p>(iv) <i>Other mental health professional</i> — \$62.19;</p> <p>(d) For 45—50 minutes, with medication evaluation and management:</p> <p>(i) OMHC — [\$132.13] \$133.29;</p> <p>(ii) Physician — [\$104.31] \$105.23;</p> <p>(iii) Certified registered nurse practitioner — psychiatric — [\$73.09] \$73.73;</p> <p>(e) For 75—80 minutes in an OMHC — [\$133.96] \$135.14;</p> <p>(f) For 75—80 minutes, with medication evaluation and management in an OMHC — [\$188.58] \$190.24;</p> <p>(2) For an adult:</p> <p>(a) For 20—30 minutes:</p> <p>(i) OMHC — [\$48.38] \$48.81;</p> <p>(ii) Physician — [\$48.38] \$48.81;</p> <p>(iii) Psychologist — [\$38.76] \$39.10;</p> <p>(iv) Licensed certified social worker — clinical — \$33.81;</p> <p>(v) Nurse psychotherapist — \$33.81;</p> <p>(vi) Licensed clinical professional counselor — \$33.81;</p> <p>(vii) Licensed clinical marriage and family therapist — \$33.81;</p> <p>(viii) Certified registered nurse practitioner — psychiatric— \$33.81]</p> <p>(iv) <i>Other mental health professional</i> — \$34.11;</p> <p>(b) For 20—30 minutes, with medication evaluation and management:</p> <p>(i) OMHC — [\$82.46] \$83.19;</p> <p>(ii) Physician — [\$70.23] \$70.85;</p> <p>(iii) Certified registered nurse practitioner — psychiatric — [\$49.16] \$49.59;</p> <p>(c) For 20—30 minutes, with biofeedback training:</p> <p>(i) OMHC — [\$48.38] \$48.81;</p> <p>(ii) Physician — [\$48.38] \$48.81;</p> <p>(iii) Psychologist — [\$38.76] \$39.10;</p> <p>(iv) Licensed certified social worker — clinical — \$33.81;</p> <p>(v) Nurse psychotherapist — \$33.81;</p> <p>(vi) Licensed clinical professional counselor — \$33.81;</p> <p>(vii) Licensed clinical marriage and family therapist — \$33.81;</p> <p>(viii) Certified registered nurse practitioner — psychiatric— \$33.81]</p> <p>(iv) <i>Other mental health professional</i> — \$34.11;</p> <p>(d) For 45—50 minutes:</p> <p>(i) OMHC — [\$87.91] \$88.68;</p> <p>(ii) Physician — [\$87.91] \$88.68;</p> <p>(iii) Psychologist — [\$70.23] \$70.85;</p> <p>(iv) Licensed certified social worker — clinical — \$61.65;</p> <p>(v) Nurse psychotherapist — \$61.65;</p> <p>(vi) Licensed clinical professional counselor — \$61.65;</p> <p>(vii) Licensed clinical marriage and family therapist — \$61.65;</p> <p>(viii) Certified registered nurse practitioner — psychiatric — \$61.65]</p> <p>(iv) <i>Other mental health professional</i> — \$62.19;</p>	<p>(e) For 45—50 minutes, with medication evaluation and management:</p> <p>(i) OMHC — [\$118.09] \$119.13;</p> <p>(ii) Physician — [\$104.31] \$105.23;</p> <p>(iii) Certified registered nurse practitioner — psychiatric — [\$73.09] \$73.73;</p> <p>(f) For 45—50 minutes, with biofeedback training:</p> <p>(i) OMHC — [\$87.91] \$88.68;</p> <p>(ii) Physician — [\$87.91] \$88.68;</p> <p>(iii) Psychologist — [\$70.23] \$70.85;</p> <p>(iv) Licensed certified social worker — clinical — \$61.65;</p> <p>(v) Nurse psychotherapist — \$61.65;</p> <p>(vi) Licensed clinical professional counselor — \$61.65;</p> <p>(vii) Licensed clinical marriage and family therapist — \$61.65;</p> <p>(viii) Certified registered nurse practitioner-psychiatric — \$61.65]</p> <p>(iv) <i>Other mental health professional</i> — \$62.19;</p> <p>(g) For 75—80 minutes in an OMHC — [\$114.71] \$115.72;</p> <p>(h) For 75—80 minutes, with medication evaluation and management in an OMHC — [\$168.81] \$170.30.</p> <p>C. Family Therapy. The Department shall reimburse a provider for a family therapy session, as follows:</p> <p>(1) When the identified patient is a child or adolescent and the service is rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:</p> <p>(a) Without the identified patient, for 45—60 minutes:</p> <p>(i) OMHC — [\$100.66] \$101.55;</p> <p>(ii) Physician — [\$82.19] \$82.91;</p> <p>(iii) Psychologist — [\$67.63] \$68.23;</p> <p>(iv) Licensed certified social worker — clinical — \$52.02;</p> <p>(v) Nurse psychotherapist — \$52.02;</p> <p>(vi) Licensed clinical professional counselor — \$52.02;</p> <p>(vii) Licensed clinical marriage and family therapist — \$52.02;</p> <p>(viii) Certified registered nurse practitioner — psychiatric— \$52.02]</p> <p>(iv) <i>Other mental health professional</i> — \$52.48;</p> <p>(b) With the identified patient, for 20—30 minutes:</p> <p>(i) OMHC — [\$56.70] \$57.20;</p> <p>(ii) Physician — [\$56.70] \$57.20;</p> <p>(iii) Psychologist — [\$45.26] \$45.66;</p> <p>(iv) Licensed certified social worker — clinical — \$39.80;</p> <p>(v) Nurse psychotherapist — \$39.80;</p> <p>(vi) Licensed clinical professional counselor — \$39.80;</p> <p>(vii) Licensed clinical marriage and family therapist — \$39.80;</p> <p>(viii) Certified registered nurse practitioner-psychiatric — \$39.80]</p> <p>(iv) <i>Other mental health professional</i> — \$40.15;</p> <p>(c) With the identified patient, for 45—60 minutes:</p> <p>(i) OMHC — [\$104.04] \$104.96;</p> <p>(ii) Physician — [\$91.56] \$92.37;</p> <p>(iii) Psychologist — [\$73.87] \$74.52;</p> <p>(iv) Licensed certified social worker — clinical — \$63.46;</p> <p>(v) Nurse psychotherapist — \$63.46;</p> <p>(vi) Licensed clinical professional counselor — \$63.46;</p> <p>(vii) Licensed clinical marriage and family therapist — \$63.46;</p> <p>(viii) Certified registered nurse practitioner-psychiatric — \$63.46]</p>
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- (iv) *Other mental health professional* — \$64.02;
- (2) When the identified patient is an adult:
 - (a) Without the identified patient for 45—60:
 - (i) OMHC — [\$87.14] \$87.91;
 - (ii) Physician — [\$82.19] \$82.91;
 - (iii) Psychologist — [\$67.63] \$68.23;
 - [(iv) Licensed certified social worker — clinical — \$52.02;
 - (v) Nurse psychotherapist — \$52.02;
 - (vi) Licensed clinical professional counselor — \$52.02;
 - (vii) Licensed clinical marriage and family therapist — \$52.02;
 - (viii) Certified registered nurse practitioner — psychiatric — \$52.02]
 - (b) With the identified patient, for 45—60 minutes:
 - (i) OMHC — [\$91.56] \$92.37;
 - (ii) Physician — [\$91.56] \$92.37;
 - (iii) Psychologist — [\$73.87] \$74.52;
 - [(iv) Licensed certified social worker — clinical — \$63.46;
 - (v) Nurse psychotherapist — \$63.46;
 - (vi) Licensed clinical professional counselor — \$63.46;
 - (vii) Licensed clinical marriage and family therapist — \$63.46;
 - (viii) Certified registered nurse practitioner — psychiatric — \$63.46]
- (iv) *Other mental health professional* — \$64.02.
- D. Group Therapy. The Department shall reimburse a provider for each individual, up to a maximum of 10, [beginning January 1, 2009,] in a group therapy session as follows:
 - (1) When the identified patient is a child or adolescent and the service is rendered by a provider with demonstrated competency to provide mental health services to children or adolescents:
 - (a) For 45—60 minutes:
 - (i) OMHC — [\$39.54] \$39.89;
 - (ii) Physician — [\$23.93] \$24.14;
 - (iii) Psychologist — [\$23.93] \$24.14;
 - [(iv) Licensed certified social worker — clinical — \$23.93;
 - (v) Nurse psychotherapist — \$23.93;
 - (vi) Licensed clinical professional counselor — \$23.93;
 - (vii) Licensed clinical marriage and family therapist — \$23.93;
 - (viii) Certified registered nurse practitioner — psychiatric — \$23.93]
 - (iv) *Other mental health professional* — \$24.14;
 - (b) (text unchanged)
 - (2) When the identified patient is an adult:
 - (a) For 45—60 minutes:
 - (i) OMHC — [\$37.45] \$37.60;
 - (ii) Physician — [\$23.93] \$24.14;
 - (iii) Psychologist — [\$23.93] \$24.14;
 - [(iv) Licensed certified social worker — clinical — \$23.93;
 - (v) Nurse psychotherapist — \$23.93;
 - (vi) Licensed clinical professional counselor — \$23.93;
 - (vii) Licensed clinical marriage and family therapist — \$23.93;
 - (viii) Certified registered nurse practitioner-psychiatric — \$23.93]
 - (iv) *Other mental health professional* — \$24.14;
 - (b) For 75—90 minutes in an OMHC — [\$48.90] \$49.33.

.06 Fee Schedule — Additional Treatment Services.

- A. Medication Management.
 - (1) The Department shall reimburse a physician only, including an OMHC physician, for rendering medication management, as follows:
 - (a) OMHC physician — [\$66.07] \$66.65;
 - (b) Other physician — [\$55.14] \$55.63;
 - (c) Certified registered nurse practitioner — psychiatric — [\$38.50] \$38.84.
 - (2)—(3) (text unchanged)
- B. Psychological Testing. The Department shall reimburse a psychologist for conducting psychological testing, up to a maximum of 8 hours per year per individual as follows:
 - (1) OMHC psychologist — [\$95.72] \$96.56 per hour;
 - (2) Other psychologist — [\$95.72] \$96.56 per hour;
 - (3) OMHC psychologist associate — [\$26.63] \$26.86 per hour;
 - (4) Other psychologist associate — [\$26.63] \$26.86 per hour.
- C. Occupational Therapy. The Department shall reimburse an occupational therapist for providing services, as follows:
 - (1) To an individual, payable in 15-minute increments, for face-to-face:
 - (a) Therapeutic activities — [\$11.44] \$11.54 per 15 minutes;
 - (b) Self-care, home management training — [\$11.44] \$11.54 per 15 minutes;
 - (c) Community and work reintegration — [\$11.44] \$11.54 per 15 minutes;
 - (d) Development of cognitive skills — [\$11.44] \$11.54 per 15 minutes;
 - (e) Occupational therapy evaluation and re-evaluation — [\$14.57] \$14.70 per 15 minutes;
 - (2) For each individual, up to a maximum of 10, [beginning January 1, 2009,] in a group therapy session of a minimum of 60 minutes — [\$17.69] \$17.85.
- D. Physician Services. The Department shall reimburse for services rendered to a child, adolescent, or adult, by an appropriately privileged physician or certified registered nurse practitioner — psychiatric only, as follows:
 - (1) The patient’s primary care physician, in an inpatient or partial hospital setting:
 - (a) Initial care:
 - (i) For a minimum of 30 minutes — [\$69.11] \$69.72;
 - (ii) For a minimum of 50 minutes — [\$104.31] \$105.23;
 - (iii) For a minimum of 70 minutes — [\$159.44] \$160.84;
 - (b) Subsequent care:
 - (i) For a minimum of 15 minutes — [\$34.68] \$34.99;
 - (ii) For a minimum of 25 minutes — [\$56.42] \$56.92;
 - (iii) For a minimum of 35 minutes — [\$80.24] \$80.95;
 - (c) Discharge day management:
 - (i) For 30 minutes or less — [\$72.22] \$72.86;
 - (ii) For more than 30 minutes — [\$98.35] \$99.22;
 - (d) For discharge data submission — [\$20.81] \$20.99;
 - (2) For individual therapy, in an inpatient setting:
 - (a) For 20—30 minutes — [\$42.33] \$42.70;
 - (b) For 45—50 minutes — [\$79.56] \$80.26;
 - (3) The patient’s primary certified registered nurse practitioner — psychiatric, in an inpatient or partial hospital setting:
 - (a) Initial care:
 - (i) For a minimum of 30 minutes — [\$48.38] \$48.81;
 - (ii) For a minimum of 50 minutes — [\$73.02] \$73.66;
 - (iii) For a minimum of 70 minutes — [\$111.61] \$112.59;
 - (b) Subsequent care:
 - (i) For a minimum of 15 minutes — [\$24.28] \$24.49;
 - (ii) For a minimum of 25 minutes — [\$38.91] \$39.25;
 - (iii) For a minimum of 35 minutes — [\$51.17] \$51.62;

- (c) Discharge day management:
 - (i) For 30 minutes or less — [\$50.55] \$50.99;
 - (ii) For more than 30 minutes — [\$68.85] \$69.46;
- (4) For individual therapy, in an inpatient setting:
 - (a) For 20—30 minutes — [\$29.63] \$29.89;
 - (b) For 45—50 minutes — [\$55.69] \$56.18;
- (5) For electroconvulsive therapy, in an inpatient setting:
 - (a) Including monitoring — [\$95.12] \$95.96;
 - (b) Anesthesia — [\$95] \$95.84;
- (6) A consultant physician, in an inpatient or partial hospital setting, initial consult, for a minimum of:
 - (a) 20 minutes — [\$35.96] \$36.28;
 - (b) 40 minutes — [\$72.42] \$73.06;
 - (c) 55 minutes — [\$98.94] \$99.81;
 - (d) 80 minutes — [\$142.04] \$143.29;
 - (e) 110 minutes — [\$195.84] \$197.56;
- (7) A consultant physician, in an outpatient setting:
 - (a) For a minimum of 15 minutes — [\$34.43] \$34.73;
 - (b) For a minimum of 30 minutes — [\$69.87] \$70.48;
 - (c) For a minimum of 40 minutes — [\$93.84] \$94.67;
 - (d) For a minimum of 60 minutes — [\$138.47] \$139.69;
 - (e) For a minimum of 80 minutes — [\$184.37] \$185.99;
- (8) A consultant certified registered nurse practitioner — psychiatric, in an inpatient or partial hospital setting, initial consult, for a minimum of:
 - (a) 20 minutes — [\$25.17] \$25.39;
 - (b) 40 minutes — [\$50.69] \$51.14;
 - (c) 55 minutes — [\$69.26] \$69.87;
 - (d) 80 minutes — [\$99.43] \$100.30;
 - (e) 110 minutes — [\$137.09] \$138.30.

.07 Fee Schedule — Special OMHC Services.

A. Treatment Planning. The Department shall reimburse an OMHC for providing an OMHC-enrolled individual with one face-to-face treatment planning meeting every 6 months, at the rate of [\$80.11] \$80.81 per planning meeting.

B. Multifamily Group Therapy. The Department shall reimburse an OMHC for providing multifamily group therapy, with the identified patient, for families of:

- (1) Children and adolescents, for 45—60 minutes:
 - (a) With the child present — [\$40.58] \$40.94 per family;
 - (b) Without the child present — [\$37.45] \$37.78 per family;
- (2) Children and adolescents, for 20—30 minutes:
 - (a) With the child present — [\$37.45] \$37.78 per family;
 - (b) Without the child present — [\$34.56] \$34.86;
- (3) Adults, for 45—60 minutes:
 - (a) With the adult present — [\$38.50] \$38.84 per family;
 - (b) Without the adult present — [\$31.35] \$31.63 per family;
- (4) Adults, for 20—30 minutes:
 - (a) With the adult present — [\$34.08] \$34.37 per family;
 - (b) Without the adult present — [\$31.35] \$31.63 per family.

C. Family Psychoeducation. The Department shall reimburse a provider, when the provider has been approved by the Administration to provide evidence-based services, for a family psychoeducation session with or without the identified adult, at a rate of [\$52.02] \$52.48 per family.

D. Prolonged Services. The Department shall reimburse an OMHC for providing, on-site, prolonged services, face-to-face with the identified patient, as follows:

- (1) For 30—74 minutes — [\$75.43] \$76.09;
- (2) For an additional period of 30 minutes — [\$37.97] \$38.30.

E. (text unchanged)

F. Intensive Outpatient Services. The Department shall reimburse an OMHC for providing intensive outpatient services, when the services are delivered by a multidisciplinary team for a minimum of 3

hours of therapeutic activities, including needed physician services and at least two group therapies, as follows:

- (1) For children or adolescents — [\$149.04] \$150.35 per day;
- (2) For adults — [\$125.37] \$126.47 per day.

G. Discharge Data Submission. The Department shall reimburse an OMHC [\$20.81] \$20.99 for discharge data submission.

.08 Fee Schedule — Treatment Services — Programs.

A. Therapeutic Nursery Programs. The Department shall reimburse a program approved under COMAR 10.21.18 to provide therapeutic nursery services to eligible children, younger than 5 years old, at a rate of [\$40.80] \$41.16 per day, for a minimum of 3 days per week, 3 hours per day.

B. Mobile Treatment Services. The Department shall reimburse a program for mobile treatment services delivered to an individual:

- (1) (text unchanged)
- (2) At the rate of:
 - (a) [\$811.51] \$818.65 per month; or
 - (b) If the individual is a Medicare recipient, [\$622.16] \$627.64 per month, if the program has:
 - (i)—(ii) (text unchanged)

(3) For enhanced support, when the need for short-term one-to-one support is documented and approved by the Administration or its designee:

- (a) At the rate of [\$12.48] \$12.59 per hour;
- (b) Up to a maximum of [\$124.80] \$125.90 per day;
- (c) (text unchanged)

(4) For evidence-based programs, assertive community treatment (ACT), at the rate of:

- (a) For Medicaid recipients and other individuals meeting eligibility criteria for uninsured, [\$1,144.44] \$1,154.51 per month; or
- (b) If the individual has Medicare only, [\$1,014.39] \$1,023.32 per month.

C. Partial Hospitalization. For programs approved under COMAR 10.21.02, the Department shall reimburse:

(1) A non-hospital-based partial hospitalization (psychiatric day treatment) program, for services provided to an eligible Medicaid recipient:

- (a) For a full day, a minimum of 6.5 hours of therapeutic activities per day — [\$196.90] \$198.63 per day;
- (b) For a half day, or intensive, outpatient services, when the services are delivered by a multidisciplinary team, for a minimum of 4 hours of therapeutic activities, including at least two group therapies — [\$107.16] \$108.10 per day;

(2) (text unchanged)

(3) OMHC, for services provided to a Medicaid recipient in a psychiatric day treatment program:

- (a) For adults — [\$125.37] \$126.47;
- (b) For children and adolescents — [\$149.04] \$150.35; and

(4) (text unchanged)

D. (text unchanged)

E. Residential Crisis Services. The Department shall reimburse a provider for residential crisis services delivered to an individual, as follows:

(1) As an alternative to inpatient admission or to shorten the length of inpatient stay:

- (a) For clinical services — [\$243.97] \$246.19 per day;
- (b) For room and board — [\$12.17] \$12.28 per day;

(2) Treatment foster care — [\$156.85] \$158.23 per day; and

(3) (text unchanged)

.09 Fee Schedule — Support Services.

A. Psychiatric Rehabilitation Program (PRP) Services. The Department shall reimburse a PRP for providing face-to-face rehabilitation services to an individual with a serious emotional disturbance (SED) or serious and persistent mental disorder (SPMD),

by a monthly rate that is based on a minimum and maximum range of services, when the PRP submits monthly supporting encounter data after services are provided to the individual, within which the provider shall meet the needs of the individual, as follows:

(1) Assessment — [\$59.57] \$60.09;

(2) PRP services to an employed individual in a supported employment program, delivered at the job site, at a rate of [\$104.04] \$104.96 per month, for:

(a)—(d) (text unchanged)

B. Additional PRP Services. In addition to the services outlined in §A of this regulation, the Department shall reimburse a PRP for providing face-to-face rehabilitation services to an individual with SED or SPMD by a monthly rate that is based on a minimum and maximum range of services, within which the provider shall meet the needs of the individual, as follows:

(1) PRP Community Psychiatric Support Services delivered to an individual with an SED or an SPMD, whose functioning is severely impaired, and who is living with a parent, guardian, or relative who is legally responsible for the individual's care, as follows:

(a) When on-site and off-site services are delivered to an individual by one PRP, [\$412.78] \$416.41 per month for:

(i)—(iv) (text unchanged)

(b) When on-site and off-site services are delivered to an individual by two PRPs, a PRP may receive reimbursement for either on-site or off-site services, but not both, as follows:

(i) On-site services, at a rate of [\$177.12] \$178.68 per month, for a minimum of two services and a maximum of 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site services, at a rate of [\$235.65] \$237.72 per month, for a minimum of two services and a maximum of 30 services per month, at a minimum of 15 minutes per service; and

(iii) (text unchanged)

(2) PRP supported living for services delivered to an individual with an SED or an SPMD, whose functioning is severely impaired, and who is living independently or with individuals who are not legally responsible for their care, as follows:

(a) When services are delivered to an individual by one PRP, [\$735.56] \$742.03 per month as follows:

(i)—(iv) (text unchanged)

(b) When on-site and off-site services are delivered to an individual by two PRPs, a PRP may receive reimbursement for either on-site or off-site services, but not both, as follows:

(i) On-site services, at a rate of [\$250.74] \$252.95 per month, for a minimum of three services and a maximum of 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site services, at a rate of [\$484.82] \$489.09 per month, for a minimum of five services and a maximum of 30 services per month and a minimum of 15 minutes per service; and

(iii) (text unchanged)

(3) PRP services delivered to individuals in residential rehabilitation programs (RRPs) as follows:

(a) General support:

(i) On-site, at a rate of [\$432.80] \$436.61 per month, for a minimum of four services, up to 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site, at a rate of [\$1,162.13] \$1,172.36 per month, for a minimum of 13 services, up to 30 services per month, at a minimum of 15 minutes per service; or

(iii) Any combination of on-site or off-site PRP services, at a rate of [\$1,594.93] \$1,608.97 per month, for a minimum of 17 services, up to 30 services per month, at a minimum of 30 minutes per service; or

(b) Intensive support:

(i) On-site, at a rate of [\$432.80] \$436.61 per month, for a minimum of four services, up to 30 services per month, at a minimum of 60 minutes per service;

(ii) Off-site, at a rate of [\$3,019.24] \$3,045.81 per month, for a minimum of 19 services, up to 30 services per month, at a minimum of 15 minutes per service; or

(iii) Any combination of on-site or off-site PRP services, at a rate of [\$3,452.04] \$3,482.42 per month, for a minimum of 23 services, up to 30 services per month, at a minimum of 30 minutes per service; or

(4) PRP services delivered to individuals when transitioning from inpatient level of care to the community, any combination of on-site or off-site PRP services, at a rate of [\$432.80] \$436.61 per month, for a minimum of 4 services, up to 30 services per month, at a minimum of 60 minutes per service.

C. RRP Services. The Department shall reimburse an RRP for providing services to an individual with a serious and persistent mental disorder and whose functioning is severely impaired, as follows:

(1) Room and board — [\$12.17] \$12.28 per day;

(2) (text unchanged)

D. Mental Health Vocational Programs (MHVP). The Department shall reimburse a program that is approved for mental health vocational services for providing supported employment services to an individual with a mental disorder:

(1)—(2) (text unchanged)

(3) At the following rates, per individual approved for supported employment services:

(a) Completion of vocational assessment, individual supported employment plan, referral to DORS, and education regarding entitlements and work incentives, not more than three times per year — [\$416.16] \$419.82;

(b) Job placement of the individual, not more than three times per year — [\$1,039.36] \$1,048.51;

(c) Intensive job coaching, if not otherwise reimbursed, at a maximum of [\$7.15] \$7.21 per 15 minutes, up to a lifetime maximum of \$2,861.10 per individual; and

(d) Extended MHVP support — [\$338.13] \$341.11 per month.

E. Mental Health Vocational Programs—Evidence-Based Programs. The Department shall reimburse an MHVP evidence-based program:

(1)—(2) (text unchanged)

(3) At the following rates, per individual approved for supported employment services:

(a) Completion of vocational assessment, individual supported employment plan, referral to DORS, and education regarding entitlements and work incentives not more than three times per year — [\$416.16] \$419.82;

(b) Job placement of the individual not more than three times per year — [\$1,039.36] \$1,048.51;

(c) Intensive job coaching, if not otherwise reimbursed, at a maximum of [\$7.15] \$7.21 per 15 minutes, up to a lifetime maximum of \$2,861.10 per individual;

(d) Clinical service coordination at a rate of [\$104.04] \$104.96 per month, which is documented and includes, with the individual's consent, at a minimum:

(i)—(ii) (text unchanged)

(e) Extended PRP support to an individual in a supported employment program at a rate of [\$416.16] \$419.82 per month for:

(i)—(iv) (text unchanged)

F. Respite Care. The Department shall reimburse a program that is approved for respite care for providing services to a child or adolescent with a serious emotional disturbance, whose functioning is

severely impaired, or an adult with a serious and persistent mental disorder, whose functioning is severely impaired, as follows:

(1) For children:

(a) General support in a facility — [\$168.54] \$170.02 per day; or

(b) In-home respite, when the need for short-term, one-to-one support is documented or for in-home respite and approved by the CSA up to a maximum of 10 hours per day at a rate of — [\$3.37] \$3.40 per 15 minutes;

(2) For adults, general support in a residential rehabilitation program — [\$73.09] \$73.73 per day.

G. Enhanced Support. When the need for short-term, one-to-one support is documented and approved by the CSA, the Department shall reimburse an OMHC, PRP, RRP, or MTS for providing services to a child or adolescent with an SED or an adult with an SPMD, and whose functioning is seriously impaired, at the rate of [\$12.48] \$12.59 per hour up to a maximum of [\$124.80] \$125.90 per day, not to exceed 30 days per year.

H. Therapeutic Behavioral Services. The Department shall reimburse a therapeutic behavioral services provider, as defined in COMAR 10.09.34, as follows:

(1) One-to-one behavioral aide services to a child or adolescent — [\$5.21] \$5.26 per 15 minutes;

(2) Initial assessment and development of a behavioral plan — [\$102] \$102.90;

(3) Reassessment and development of a new behavioral plan — [\$95.88] \$96.72.

I. Mental Health Case Management. [Beginning September 1, 2009, the] The Department shall reimburse a designated program that is approved by the Core Service Agency for mental health case management according to COMAR 10.09.45 for providing case management services to a child or adolescent with a serious emotional disorder or an adult with a serious and persistent mental health disorder as follows:

(1) Assessment — [\$105] \$105.92;

(2) Case Management Service units, for a minimum of 60 minutes of face-to-face and non-face-to-face case management service at a rate of [\$105] \$105.92 per day for:

(a)—(b) (text unchanged)

(3) When an individual is referred to case management by the Administration or its designee, and is transitioning from an institute for mental disease or hospital, one transitional visit at a rate of [\$158.16] \$159.55.

.10 Fee Schedule — Services — Traumatic Brain Injury (TBI) Waiver Program.

A. Residential Habilitation Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide residential habilitation services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

(a) Level I — [\$186.35] \$187.99 per day;

(b) Level II — [\$246.75] \$248.92 per day;

(c) Level III — [\$341.36] \$344.36 per day;

(2)—(3) (text unchanged)

B. Day Habilitation Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide day habilitation services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

(a) Level I — [\$48.10] \$48.52 per day;

(b) Level II — [\$83.92] \$84.66 per day;

(c) Level III — [\$118.08] \$119.12 per day;

(2)—(3) (text unchanged)

C. Supported Employment Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide supported employment services to an individual who is enrolled in the TBI Waiver Program:

(1) At the following rates:

(a) Level I — [\$28.55] \$28.80 per day;

(b) Level II — [\$48.10] \$48.52 per day;

(c) Level III — [\$118.07] \$119.11 per day;

(2)—(3) (text unchanged)

D. Individual Support Services. The Department shall reimburse a program approved under COMAR 10.09.46 to provide individual support services, as defined in COMAR 10.22.07, to an individual who is enrolled in the TBI Waiver Program at a rate of [\$23.34] \$23.55 per hour, not to exceed 8 hours per day.

.11 Fee Schedule — Services — Emergency Department.

The Department shall reimburse an emergency department for providing emergency mental health services to an individual who is enrolled in the public mental health system, as follows:

A. For a problem focused history, a problem focused examination, and straightforward medical decision making — [\$16.58] \$16.73;

B. For an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity — [\$27.54] \$27.78;

C. For an expanded problem focused history, an expanded problem focused examination, and medical decision making of moderate complexity — [\$61.71] \$62.25;

D. For a detailed history, a detailed examination, and medical decision making of moderate complexity — [\$96.39] \$97.24;

E. For a comprehensive history, a comprehensive examination, and medical decision making of high complexity — [\$150.96] \$152.29.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 34 BOARD OF PHARMACY

10.34.36 Pharmaceutical Services to Residents in Assisted Living Programs and Group Homes

Authority: Health Occupations Article, §§12-205, 12-301, 12-401, 12-403, 12-501, 12-503, 12-504, 12-505, and 12-506, Annotated Code of Maryland

Notice of Proposed Action

[12-249-P]

The Secretary of Health and Mental Hygiene proposes to adopt new Regulations **.01—.10** under a new chapter, **COMAR 10.34.36 Pharmaceutical Services to Residents in Assisted Living Programs and Group Homes**. This action was considered by the Board of Pharmacy at a public meeting held on July 18, 2012, notice of which was given by publication on the Board of Pharmacy website <http://dhmh.maryland.gov/pharmacy/SitePages/Home.aspx> from July 13, 2012—July 18, 2012, pursuant to the State Government Article, §10-506(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to promulgate a new chapter to reflect the current practice of pharmacy in assisted living programs and group homes, excluding pharmacies providing only emergency services for assisted living programs or group homes. This new chapter contains regulations which pertain exclusively to assisted living programs and group homes and include definitions, policies and procedures, personnel, physical requirements, medication and device distribution and pharmaceutical services, medication packaging, labeling of resident medications, drug control and

accountability, and quality management. Previously, assisted living programs and group homes were included in the same chapter with long-term care facilities. That chapter has been renamed “Pharmaceutical Services to Patients in Comprehensive Care Facilities” and revised to pertain only to comprehensive care facilities. See 38:26 Md. R. 1726—1727 (December 16, 2011), Effective June 2, 2011 (38:11 Md. R. 671). Comprehensive care and assisted living programs/group homes provide different levels of care and separate regulations have been promulgated to address those differences. For example, a pharmacy servicing a comprehensive care facility would have a director of pharmacy working exclusively for one pharmacy, while a pharmacy servicing assisted living programs and group homes would not have a designated director of pharmacy, but would have a responsible pharmacist who is knowledgeable with assisted living programs and group homes. Labeling in assisted living programs/group homes would require some additional information. Additionally there is no “emergency drug kit” allowed in assisted living programs or group homes.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The economic impact on the Board and the pharmacies that service assisted living programs and group homes would be minimal. Pharmacies that service assisted living programs and group homes might have to revise the labels that they provide on the medications dispensed and revise some packaging procedures, although some pharmacies may already be complying.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:	(E+)	Minimal
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	(-)	Minimal
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	(+)	Unquantifiable

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. The Board would have to create an inspection form for assisted living programs and group homes and would have to provide training to inspectors. Inspection forms are created and revised as a matter of course and there is ongoing training for inspectors, therefore cost to the Board would be minimal to none.

D. The cost to pharmacies that service assisted living programs and group homes is difficult to determine because some pharmacies may already comply with the revisions. Other pharmacies may have to make minimal adjustments to labeling content and packaging procedures.

F. There may be a reduction in medication errors or labeling errors for patients in comprehensive care facilities.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

The chapter impacts pharmacies that service group homes. The one change for group homes is that the pharmacy will include on the label of the medications directions for use as set forth in the medication administration record or prescriber’s orders. Emergency drug kits would not be allowed and interim boxes would only be available in group homes if there is a licensed nurse present 24 hours a day.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258, or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Scope.

This chapter applies to pharmacies and licensed pharmacists serving assisted living programs or group homes as defined in Regulation .02 of this chapter, except for pharmacies providing only emergency services for assisted living programs or group homes.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) Assisted Living Program.

(a) “Assisted living program” means a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services 24 hours a day, 7 days a week, to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.

(b) “Assisted living program” does not include:

(i) A nursing home or comprehensive care facility, as defined under Health-General Article, §19-301, Annotated Code of Maryland;

(ii) A State facility, as defined under Health-General Article, §10-101, Annotated Code of Maryland;

(iii) A program licensed or approved by the Department under Health-General Article, Title 7 or Title 10, Annotated Code of Maryland;

(iv) A hospice care program licensed by the Department under Health-General Article, Title 19, Annotated Code of Maryland;

(v) Services provided by family members;

(vi) Services provided by a licensed residential service agency or licensed home health agency in an individual’s own home; or

(vii) A Certified Adult Residential Environment Program that is certified by the Department of Human Resources under Article 88A, §140, Annotated Code of Maryland.

(2) “Chart order” means a lawful order entered on the chart or a medical record of a resident of an assisted living program or group

home by an authorized prescriber or the authorized prescriber's designated agent for a drug or device.

(3) "Group home" means a residence owned, leased, or operated by a licensed group home provider that:

(a) Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements;

(b) Admits at least two, but not more than eight individuals; and

(c) Provides 10 or more hours of supervision per week.

(4) "Interim box" means a tamper evident container or an electronic system holding minimal quantities of medications:

(a) Agreed upon by the appropriate committee of the assisted living program; and

(b) Intended to expedite immediate initiation of emergency or nonemergency dosing until the pharmacy is able to provide a regular supply.

(5) "Licensed pharmacist" means a pharmacist who is licensed by the Board to practice pharmacy.

(6) "Packaging" means the process by which a medication is:

(a) Removed from a:

(i) Non-patient specific manufacturer's original container; or

(ii) Patient specific container directly received from another pharmacy licensed in Maryland or operated by the government of the United States provided that the manufacturer's name is present on the container;

(b) Placed into a new container by a licensed pharmacist or registered pharmacy technician under the direct supervision of a pharmacist; and

(c) Packaged as further defined in Regulation .07 of this chapter.

(7) "Pharmaceutical services" means the care within practice standards, laws, regulations, and guidelines which is afforded by a licensed pharmacist to the residents of an assisted living program or group home.

(8) "Pharmacy area" means that portion of the licensed pharmacy where over-the-counter medications and other products requiring a prescription by federal or State law are stored and where the prescriptions are compounded or prepared.

(9) "Registered pharmacy technician" means an individual who is registered with the Board to perform delegated pharmacy acts.

(10) "Responsible pharmacist" means a pharmacist who is:

(a) Licensed to engage in the practice of pharmacy in Maryland;

(b) Knowledgeable in, and thoroughly familiar with, the specialized functions of an assisted living program's or group home's pharmaceutical services; and

(c) Responsible for and in full and actual charge of the pharmacy and its personnel.

(11) "Verbal order" means a directive that is orally communicated to a licensed pharmacist to accept a prescription order by a person who is authorized to communicate a prescription.

(12) "Written order" means a directive that is directly written by an authorized prescriber or a transcription of an order from an authorized prescriber by a person authorized to transcribe an order.

.03 Policies and Procedures.

The permit holder shall establish and operate under a policies and procedures manual which:

A. Complies with this chapter;

B. Defines the scope and method of pharmacy services provided to the residents of the assisted living program or group home;

C. Determines under what circumstances personnel may have access to the pharmacy area;

D. Provides for the safe and efficient dispensing and delivery of pharmaceutical products as outlined in this subtitle;

E. Includes:

(1) Labeling requirements and distribution methods for medication provided in a single container, slot, blister package, or other method of delivering an entire single dosing unit; and

(2) The conditions in which an interim box may be replenished or prepared, delivered, and stored by the assisted living program;

F. Is provided to:

(1) The personnel of the pharmacy;

(2) The assisted living program;

(3) Group home; and

(4) Upon request, an agent of the Board; and

G. Is in a form that is:

(1) Written or electronic; and

(2) Readily retrievable.

.04 Personnel.

A. The permit holder shall appoint a responsible pharmacist who shall:

(1) Be responsible for the operations of the pharmacy and for compliance with the requirements of Health Occupations Article, Title 12, Annotated Code of Maryland, and the regulations promulgated under that title;

(2) Be responsible for reviewing the policies and procedures manual of the pharmacy annually and revising it as necessary;

(3) Be responsible for the safe and efficient dispensing, delivery, and control of, and be accountable for, medications and devices dispensed or distributed by the pharmacy;

(4) Work in cooperation with the other professional staff of the assisted living program or group home in meeting the responsibilities set forth in Regulation .06 of this chapter and in ordering, storing, and accounting for pharmaceutical materials; and

(5) Develop a process for the pharmacy to be notified of medications which have been discontinued.

B. Staff.

(1) The permit holder:

(a) May employ registered pharmacy technicians as required to provide pharmaceutical services to the residents of the assisted living program or group home; and

(b) Shall provide policies and procedures that specify the duties that may be performed by registered pharmacy technicians under the supervision of a licensed pharmacist and the duties that may be performed only by a licensed pharmacist.

(2) The permit holder may employ unlicensed personnel to provide operational support as defined in COMAR 10.34.21.02B.

.05 Physical Requirements.

A. Storage. The permit holder or designee shall ensure that medications and supplies within the pharmacy are properly stored according to the manufacturer's specifications and State and federal laws and regulations with respect to:

(1) Sanitation;

(2) Temperature;

(3) Light;

(4) Ventilation;

(5) Segregation; and

(6) Security.

B. Equipment and Materials.

(1) The permit holder or designee shall ensure that the pharmacy contains as appropriate to the level of services provided:

(a) Equipment;

(b) Supplies; and

(c) Physical facilities for proper compounding, preparation, and dispensing of medications as outlined in COMAR 10.34.19.

(2) The permit holder or designee shall ensure that the pharmacy contains appropriate reference materials to enable personnel to prepare and dispense medications properly as outlined in COMAR 10.34.07.

C. Security.

(1) The permit holder or designee shall ensure that no individual enters the pharmacy area unless a licensed pharmacist is on duty.

(2) The permit holder or designee shall ensure compliance with COMAR 10.34.05.

.06 Medication and Device Distribution and Pharmaceutical Services.

The responsible pharmacist shall be accountable for, at a minimum:

A. The preparation of medications compounded in the pharmacy as applicable;

B. The proper preparation, storage, and distribution of compounded sterile preparations according to COMAR 10.34.19 to the extent that the functions are performed at the pharmacy;

C. The packaging and labeling of medications;

D. Records of transactions of the pharmacy as may be required by applicable law and as may be necessary to maintain accurate control over and accountability for pharmaceuticals;

E. Participation in those aspects of the assisted living program's or group home's quality assurance improvement program, if such program exists, which relate to pharmaceutical care and effectiveness; and

F. Implementation of the policies and decisions of the appropriate committee or committees of the assisted living program or group home related to these regulations and to other regulations of the assisted living program or group home.

.07 Medication Packaging.

A. A licensed pharmacist shall verify the:

(1) Selection of medication to be packaged; and

(2) Completed packaging of medication performed by registered pharmacy technicians for the following:

(a) Accuracy;

(b) Completeness;

(c) Appropriateness; and

(d) Compliance with the U.S. Food and Drug Administration and current United States Pharmacopeia approved packaging.

B. A licensed pharmacist shall ensure that labeling of the medication container includes the:

(1) Brand or generic name of the medication;

(2) Strength of the medication;

(3) Name of the pharmacy; and

(4) Expiration date of the medication.

C. Unless a pharmacist has reason to reduce the time period, the expiration date of the medication is the lesser of:

(1) 12 months from the date of packaging;

(2) The manufacturer's or distributor's listed expiration date;

or

(3) The maximum time period allowed for the specific packaging used for the medication.

D. Packaged from the Manufacturer's Original Container. The pharmacy may use a lot number and expiration date assigned by the pharmacy instead of the distributor or manufacturer information in a master log if kept with respect to drugs that are packaged within the pharmacy facility from the original manufacturer's container which includes the:

(1) Name of the drug;

(2) Strength;

(3) Manufacturer;

(4) Lot number assigned by the pharmacy;

(5) Lot number assigned by the distributor or manufacturer;

(6) Quantity packaged;

(7) Expiration date as defined in §C of this regulation;

(8) Manufacturer's expiration date;

(9) Date of packaging;

(10) Name of pharmacy technician packaging; and

(11) Name and initials of verifying licensed pharmacist.

E. Packaged from Another Pharmacy. A licensed pharmacist may package medication received directly from another pharmacy licensed in Maryland or operated by the government of the United States provided that:

(1) A licensed pharmacist determines that the medication has been handled in a manner which preserves the strength, quality, purity, and identity of the drug or device during an interim period between the time it was dispensed by the original pharmacy and received by the packaging pharmacy;

(2) A licensed pharmacist packages and dispenses all at one time the entire quantity of the prescription medications received from another pharmacy for packaging;

(3) The manufacturer's name is present on the container received from the other pharmacy; and

(4) A licensed pharmacist maintains a master log that includes the following information:

(a) Name of the drug;

(b) Lot number assigned by the packaging pharmacy;

(c) Strength;

(d) Manufacturer;

(e) Name, address, and telephone number of the original dispensing pharmacy;

(f) Prescription number from the original dispensing pharmacy;

(g) Quantity packaged;

(h) Expiration date as assigned by the original dispensing pharmacy;

(i) Date of packaging;

(j) Name of pharmacy technician packaging;

(k) Name and initials of verifying licensed pharmacist; and

(l) Name of the resident.

.08 Labeling of Resident Medications.

A. A licensed pharmacist shall ensure that medications dispensed by the pharmacy and intended for use within an assisted living program or group home are dispensed in appropriate containers and are labeled with the:

(1) Name and address of the pharmacy;

(2) Date of dispensing;

(3) Prescription number assigned by the pharmacy;

(4) Name of the resident, patient, or consumer, as appropriate;

(5) Name, quantity, and strength of the drug;

(6) Name of the prescriber;

(7) Expiration date of the drug;

(8) Required precautionary information regarding controlled substances;

(9) Directions for use as set forth in the:

(a) Medication administration record; and

(b) Prescriber's orders; and

(10) Further cautionary information as may be required or necessary for proper use of the medication.

B. A licensed pharmacist shall ensure that medication provided per dosing period in a single container, slot, blister package, any other method of delivering an entire single dosing unit, or as part of a multi-dose dispensing package, are labeled with at least the following:

(1) Drug name;

- (2) Drug strength;
- (3) Name of manufacturer;
- (4) Name of the resident, patient or consumer, as appropriate;
- (5) Lot number, unless prepared extemporaneously;
- (6) Directions for use as set forth in the:
 - (a) Medication administration record; or
 - (b) Prescriber's orders; and
- (7) Expiration date.

C. *Compounded Sterile Preparations.* When compounding sterile preparations a licensed pharmacist or a registered pharmacy technician under the licensed pharmacist's supervision, shall comply with the compounding and labeling requirements of COMAR 10.34.19.

.09 Drug Control and Accountability.

A. Medications may be accepted for return if:

- (1) The returned medication is properly labeled and properly sealed in the manufacturer's package or an individually labeled unit dose of a drug or a device;
- (2) A licensed pharmacist determines that procedures are in place that the returned medication has been handled in a manner which preserves the strength, quality, purity, and identity of the drug or device during an interim period between the sale of the drug or device and its return to the pharmacy; and
- (3) The permit holder otherwise complies with COMAR 10.34.10.07.

B. *Discontinued Medications — Controlled Dangerous Substances.*

- (1) Except as provided in §§B(2) and C(2) of this regulations, drugs classified as Schedule II, Schedule III, Schedule IV, and Schedule V may not be returned to the inventory of the pharmacy.
- (2) Schedule III, Schedule IV, and Schedule V medications may be returned to inventory of a pharmacy when the pharmacy uses a distribution system that classifies medications as pharmacy inventory until the utilization of the medication by the resident.

C. A compounded sterile preparation may not be returned to the inventory of a pharmacy.

D. Drugs requiring refrigeration may not be returned to the inventory of a pharmacy.

E. *Interim Box.* An interim box may be provided to an assisted living program by a permit holder if:

- (1) A licensed nurse is present on site 24 hours a day, 7 days a week;
- (2) The assisted living program is compliant with the pharmacy's policies and procedures regarding usage of the interim box under Regulation .03 of this chapter; and
- (3) The contents of the interim box are part of the pharmacy inventory until administered.

F. *Prescriber Orders.*

- (1) A licensed pharmacist shall dispense medications from the pharmacy only upon receipt of a valid written prescription, chart order, or verbal order from an authorized prescriber.
- (2) A chart order shall be considered a prescription drug order provided that the prescription drug order contains:
 - (a) The full name of the resident, patient, or consumer, as appropriate;
 - (b) The date of issuance;
 - (c) The name, strength, and dosage form of the drug prescribed;
 - (d) The name, type, and specifications of any device;
 - (e) The directions for use;
 - (f) If written, the authorized prescriber's signature or the signature of the authorized prescriber's agent (including the name of the authorized prescriber);

- (g) If electronically transmitted, prescription requirements as described in COMAR 10.34.20; and
- (h) If verbal, the name of the prescriber and the prescriber's agent, if applicable.
- (3) A written order may be received by the pharmacy by facsimile, electronic transmission, or as the original physician order.
- (4) The licensed pharmacist shall document immediately a verbal order in writing.
- (5) A licensed pharmacist may receive a verbal order:
 - (a) By telephone with the licensed pharmacist reading back the prescription to the prescriber or the prescriber's agent; or
 - (b) By a voice messaging system.

G. *Controlled Dangerous Substances.*

- (1) *Drug Accountability.* The permit holder shall ensure that personnel employed by the pharmacy abide by the laws and regulations as defined in:
 - (a) Health-General Article, Title 27, Annotated Code of Maryland; and
 - (b) COMAR 10.19.03.
- (2) *Storage and Security.* The permit holder shall establish effective procedures for storage and security of Schedule II controlled dangerous substances including limitation of access to these drugs in the pharmacy to licensed pharmacists and registered pharmacy technicians.

H. *Drug Recalls.* The licensed pharmacist shall develop and implement a recall procedure that can be readily activated to ensure that drugs which have been recalled are:

- (a) Returned to the pharmacy;
- (b) Sequestered; and
- (c) Handled as appropriate to the level of the recall.

I. *Adverse Drug Reactions.*

- (1) The licensed pharmacist shall participate on the appropriate committee, if applicable of the assisted living program or group home, to establish procedures to report and record adverse drug reactions.
- (2) The licensed pharmacist shall ensure the procedures established include, at a minimum:
 - (a) The reporting of significant adverse drug reactions to the attending prescriber or designee and other parties as specified by the appropriate committee of the assisted living program or group home; and
 - (b) The recording in writing of an adverse reaction on the resident's chart at the time it is reported.

J. *Records and Reports.* The licensed pharmacist shall maintain records and reports as may be required by law, this chapter, and the policies of the assisted living program or group home.

.10 Quality Management.

The responsible pharmacist, in cooperation with the appropriate committee of the assisted living program or group home, shall be responsible for developing procedures for an ongoing quality management program that includes a mechanism for reviewing and evaluating pharmaceutical services as defined in this chapter and COMAR 10.07.14.29 where appropriate.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 44 BOARD OF DENTAL EXAMINERS

10.44.05 [Licensure by Waiver of Practical Clinical Examination for Dentists] *Licensure for Dentists Licensed in Another State*

Authority: Health Occupations Article, §§4-303.1(d) and 4-306, Annotated Code of Maryland; [Ch. 142, Acts of 2003]

Notice of Proposed Action
[12-250-P]

The Secretary of Health and Mental Hygiene proposes to repeal existing Regulations .01 — .05 under **COMAR 10.44.05 Licensure by Waiver of Practical Clinical Examination for Dentists** and adopt new Regulations .01 — .05 under **COMAR 10.44.05 Licensure for Dentists Licensed in Another State**. This action was considered by the Board of Dental Examiners at a public meeting held on July 11, 2012, notice of which was given under the Notice of Public Meetings link on the Board’s website pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to amend the regulations pertaining to applicants for dental licenses who are licensed in another state. The present statutory language and COMAR 10.44.05 refer to passing the North East Regional Board examination (NERB). The statutory amendments (S.B. 841 and H.B. 754, Chs. 593 and 594, Acts of 2012) delete the reference to passing the NERB examination and the reference to passing a regional board examination by comparing the results of the regional board examination to the NERB to determine if the candidate was successful. Instead the amendments now require the applicant to pass the American Dental Licensing Examination developed by the American Board of Dental Examiners, Inc.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Definitions.

A. In this chapter, the following terms have the meaning indicated.

B. Terms Defined.

(1) “ADEX” means the American Board of Dental Examiners, Inc., or its successor organization.

(2) “ADLEX” means the American Dental Licensing Examination, which includes both a written component and a clinic component, designed and developed by ADEX, or its successor examination.

(3) “Board” means the Maryland State Board of Dental Examiners.

.02 Qualifications for All Applicants.

A dentist holding an active license in any other state may be granted a license in Maryland if the applicant:

A. Meets the requirements of Health Occupations Article, §4-306, Annotated Code of Maryland;

B. Is of good moral character;

C. Holds a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent from a college or university that is:

(1) Authorized by any state or province of Canada to grant the degree; and

(2) Recognized by the Board as:

(a) Requiring adequate preprofessional collegiate training;

and

(b) Maintaining an acceptable course of dental instruction;

and

D. Meets the qualifications otherwise required by Health Occupations Article, Title 4, Annotated Code of Maryland, for an active general license to practice dentistry.

.03 Licensure of Dentists Who Have Passed the ADLEX Examination.

A. In addition to meeting the requirements of Regulation .02 of this chapter, a dentist holding an active license in any other state shall be issued a license if the applicant:

(1) Has passed the ADLEX with a score of 75 or greater in each required section; and

(2) Has passed the Maryland Dental Jurisprudence Examination given by the Board or its designee with a score of 75 or greater on each section of the examination.

B. In addition to the requirements of §A of this regulation, a candidate holding an active license in another state, or who has ever held an active license in another state, shall provide adequate evidence satisfactory to the Board that the candidate:

(1) Is not being investigated by a disciplinary authority of another state;

(2) Does not have charges pending against the applicant’s license;

(3) Has not been disciplined; and

(4) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland.

.04 Licensure of Dentists Who Have Not Passed the ADLEX Examination.

A. In addition to meeting the requirements of Regulation .02 of this chapter, a dentist holding an active license in another state who has not passed the ADLEX examination with a score of 75 or greater in each required section of the ADLEX shall be issued a license if the applicant:

(1) For the 5 preceding years has been actively engaged in practicing dentistry for at least 850 hours on average per year;

(2) Has passed an examination with a clinical component as a requirement for licensure in another state;

(3) Has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by ADEX with a score of 75 or greater in each required section; and

(4) Has passed the Maryland Dental Jurisprudence Examination given by the Board or its designee with a score of 75 or greater percent on each section of the examination.

B. The practice of dentistry in the armed forces, the practice of dentistry in state and federal programs, participation in post-graduate intern programs, or participation in residency programs

within the 5 years preceding application counts toward the required hours of active practice.

.05 Application Procedures.

A. An applicant who has passed the ADLEX with a score of 75 or greater in each required section shall submit the following to the Board:

- (1) A completed application on a form provided by the Board;
- (2) A photograph of the applicant not to exceed 3 inches by 3 inches accompanied by a notarized statement stating that "the photograph is a true photograph of me";
- (3) An original National Board Score Card;
- (4) Certified proof of dental education which contains the raised embossed school seal certifying its authenticity, except that letters from educational institutions on original letterhead, bearing an original signature, do not require a raised embossed seal;
- (5) A certified examination score of the ADLEX and, if requested by the Board, a specific point breakdown by procedure including penalty deductions if available;
- (6) A certified letter with a raised embossed seal from the dental licensing authority of each state in which the applicant holds an active dental license or ever held an active dental license indicating that the license is or was in good standing and that the applicant:
 - (a) Is not being investigated;
 - (b) Does not have charges pending against the applicant's license;
 - (c) Has not been disciplined; and
 - (d) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland;
- (7) Documentation of change of name if the name on any of the documents submitted to the Board differs from the applicant's name; and
- (8) Any other documents or information pertinent to licensure required by the Board.

B. An applicant who has not passed the ADLEX with a score of 75 or greater in each required section of the ADLEX shall submit the following to the Board:

- (1) A completed application on a form provided by the Board;
- (2) A photograph of the applicant not to exceed 3 inches by 3 inches accompanied by a notarized statement stating that "the photograph is a true photograph of me";
- (3) An original National Board Score Card;
- (4) Certified proof of dental education which contains the raised embossed school seal certifying its authenticity, except that letters from educational institutions on original letterhead, bearing an original signature, do not require a raised embossed seal;
- (5) A certified letter with a raised embossed seal from the dental licensing authority of each state in which the applicant holds an active dental license or ever held an active dental license indicating that the license is or was in good standing and that the applicant:
 - (a) Is not being investigated;
 - (b) Does not have charges pending against the applicant's license;
 - (c) Has not been disciplined; and
 - (d) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland;
- (6) A notarized affidavit or other evidence satisfactory to the Board indicating that for the 5 preceding years the applicant has

been actively engaged in practicing dentistry for at least 850 hours on average per year;

(7) Documentation of change of name if the name on any of the documents submitted to the Board differs from the applicant's name; and

(8) Any other documents or information pertinent to licensure required by the Board.

.06 Fees.

A. The application fee shall accompany the application and is specified in COMAR 10.44.20.

B. The application fee is nonrefundable.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 44 BOARD OF DENTAL EXAMINERS

10.44.09 [Licensure by Waiver of Practical Clinical Examination for Dental Hygienists] Licensure for Dental Hygienists Licensed in Another State

Authority: Health Occupations Article, §§4-303.1(d) and 4-306, Annotated Code of Maryland

Notice of Proposed Action

[12-251-P]

The Secretary of Health and Mental Hygiene proposes to repeal existing Regulations **.01—.05** under **COMAR 10.44.09 Licensure by Waiver of Practical Clinical Examination for Dental Hygienists** and adopt new Regulations **.01—05** under **COMAR 10.44.09 Licensure for Dental Hygienists Licensed in Another State**. This action was considered by the Board of Dental Examiners at a public meeting held on July 11, 2012, notice of which was given under the Notice of Public Meetings link on the Board's website pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to amend the regulations pertaining to applicants for dental hygiene licenses who are licensed in another state. The present statutory language and COMAR 10.44.09 refers to passing the North East Regional Board examination (NERB). The statutory amendments (S.B. 841 and H.B. 754, Chs. 593 and 594, Acts of 2012) delete the reference to passing the NERB examination and the reference to passing a regional board examination by comparing the results of the regional board examination to the NERB to determine if the candidate was successful. Instead the amendments now require the applicant to pass the American Dental Hygiene Licensing Examination developed by the American Board of Dental Examiners, Inc.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhhm.reg@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Definitions.

- A. In this chapter, the following terms have the meaning indicated.
- B. Terms Defined.

- (1) "ADEX" means the American Board of Dental Examiners, Inc., or its successor organization.
- (2) "ADHLEX" means the American Dental Hygiene Licensing Examination, which includes both a written component and a clinic component, designed and developed by ADEX, or its successor examination.
- (3) "Board" means the Maryland State Board of Dental Examiners.

.02 Qualifications for All Applicants.

A dental hygienist holding an active license in any other state may be granted a license in Maryland if the applicant:

- A. Meets the requirements of Health Occupations Article, §4-306, Annotated Code of Maryland;
 - B. Is of good moral character;
 - C. Is a graduate of a school for dental hygienists that:
 - (1) Requires at least 2 years of education in an institution of higher education;
 - (2) Is accredited by the American Dental Association Commission on Dental Accreditation; and
 - (3) Is approved by the Board; and
 - D. Meets the qualifications otherwise required by Health Occupations Article, Title 4, Annotated Code of Maryland, for an active general license to practice dental hygiene.

.03 Licensure of Dental Hygienists Who Have Passed the ADHLEX Examination.

A. In addition to meeting the requirements of Regulation .02 of this chapter, a dental hygienist holding an active license in any other state shall be issued a license if the applicant:

- (1) Has passed the ADHLEX with a score of 75 or greater in each required section; and
- (2) Has passed the Maryland Dental Hygiene Jurisprudence Examination given by the Board or its designee with a minimum score of 75 or greater on each section of the examination.
- B. In addition to the requirements of §A of this regulation, a candidate holding an active license in another state, or who has ever held an active license in another state, shall provide adequate evidence satisfactory to the Board that the candidate:
 - (1) Is not being investigated by a disciplinary authority of another state;
 - (2) Does not have charges pending against the applicant's license;
 - (3) Has not been disciplined; and
 - (4) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland.

.04 Licensure of Dental Hygienists Who Have Not Passed the ADHLEX Examination.

A. In addition to meeting the requirements of Regulation .02 of this chapter, a dental hygienist holding an active license in another state who has not passed the ADHLEX examination with a score of

75 or greater in each required section of the ADHLEX shall be issued a license if the applicant:

- (1) For the 3 preceding years has been actively engaged in practicing dental hygiene for at least 150 hours on average per year;
- (2) Has passed an examination with a clinical component as a requirement for licensure in another state;
- (3) Has passed a comprehensive written examination on applied clinical diagnosis and treatment planning administered by ADEX with a score of 75 or greater in each required section; and
- (4) Has passed the Maryland Dental Hygiene Jurisprudence Examination given by the Board or its designee with a score of 75 or greater on each section of the examination.

B. The practice of dental hygiene in the armed forces, the practice of dental hygiene in state and federal programs, participation in post-graduate intern programs, or participation in residency programs within the 5 years preceding application counts toward the required hours of active practice.

.05 Application Procedures.

A. An applicant who has passed the ADHLEX with a score of 75 or greater in each required section shall submit the following to the Board:

- (1) A completed application on a form provided by the Board;
- (2) A photograph of the applicant not to exceed 3 inches by 3 inches accompanied by a notarized statement stating that "the photograph is a true photograph of me";
- (3) An original National Board Score Card;
- (4) Certified proof of dental hygiene education which contains the raised embossed school seal certifying its authenticity, except that letters from educational institutions on original letterhead, bearing an original signature, do not require a raised embossed seal;
- (5) A certified examination score of the ADHLEX and, if requested by the Board, a specific point breakdown by procedure including penalty deductions if available;
- (6) A certified letter with a raised embossed seal from the dental hygiene licensing authority of each state in which the applicant holds an active dental hygiene license or ever held an active dental hygiene license indicating that the license is or was in good standing and that the applicant:
 - (a) Is not being investigated;
 - (b) Does not have charges pending against the applicant's license;
 - (c) Has not been disciplined; and
 - (d) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland;
- (7) Documentation of change of name if the name on any of the documents submitted to the Board differs from the applicant's name; and
- (8) Any other documents or information pertinent to licensure required by the Board.

B. An applicant who has not passed the ADHLEX shall submit the following to the Board:

- (1) A completed application on a form provided by the Board;
- (2) A photograph of the applicant not to exceed 3 inches by 3 inches accompanied by a notarized statement stating that "the photograph is a true photograph of me";
- (3) An original National Board Score Card;
- (4) Certified proof of dental hygiene education which contains the raised embossed school seal certifying its authenticity, except that letters from educational institutions on original letterhead, bearing an original signature, do not require a raised embossed seal;
- (5) A certified letter with a raised embossed seal from the dental hygiene licensing authority of each state in which the

applicant holds an active dental hygiene license or ever held an active dental hygiene license indicating that the license is or was in good standing and that the applicant:

- (a) Is not being investigated;
- (b) Does not have charges pending against the applicant's license;
- (c) Has not been disciplined; and
- (d) Has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland;
- (6) A notarized affidavit or other evidence satisfactory to the Board indicating that for the 3 preceding years the applicant has been actively engaged in practicing dental hygiene for at least 150 hours on average per year;
- (7) Documentation of change of name if the name on any of the documents submitted to the Board differs from the applicant's name; and
- (8) Any other documents or information pertinent to licensure required by the Board.

.06 Fees.

- A. The application fee shall accompany the application and is specified in COMAR 10.44.20.
- B. The application fee is nonrefundable.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 44 BOARD OF DENTAL EXAMINERS

10.44.15 [Examination for Licensure] Dentists and Dental Hygienists — Licensure by Examination

Authority: Health Occupations Article, §§4-302 [and], 4-303.1(d), 4-305, and 4-306, Annotated Code of Maryland

Notice of Proposed Action
[12-246-P]

The Secretary of Health and Mental Hygiene proposes to repeal existing Regulations .01 — .08 under COMAR 10.44.15 Examination for Licensure and adopt new Regulations .01 — .09 under COMAR 10.44.15 Dentists and Dental Hygienists — Licensure by Examination. This action was considered by the Board of Dental Examiners at a public meeting held on July 11, 2012, notice of which was given under the Notice of Public Meetings link on the Board's website pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to amend the regulations pertaining to applicants for dental and dental hygiene licenses by examination. The present statutory language and COMAR 10.44.15 refer to passing the North East Regional Board examination (NERB). The statutory amendments (S.B. 841 and H.B. 754, Chs. 593 and 594, Acts of 2012) delete the reference to passing the NERB examination. Instead the applicant will be required to pass either the American Dental Licensing Examination (for dentists) or the American Dental Hygiene Licensing Examination (for dental hygienists) both of which are administered by the American Board of Dental Examiners Inc. (ADEX). The regulations will be amended to refer to the ADEX examinations.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 210 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Scope.

A. This chapter governs dentists and dental hygienists who seek a general license to practice dentistry or dental hygiene and who do not hold a license to practice dentistry or dental hygiene in another state.

B. Licensure for dentists licensed in another state is governed by COMAR 10.44.05.

C. Licensure for dental hygienists licensed in another state is governed by COMAR 10.44.09.

D. General licensure for pediatric dental residents with a limited license at the University of Maryland Dental School who have successfully met all requirements for general licensure is governed by COMAR 10.44.02.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "ADEX" means the American Board of Dental Examiners, Inc., or its successor organization.

(2) "ADHLEX" means the American Dental Hygiene Licensing Examination, which includes both a written component and a clinical component, designed and developed by ADEX, or its successor examination.

(3) "ADLEX" means the American Dental Licensing Examination, which includes both a written component and a clinical component, designed and developed by ADEX, or its successor examination.

(4) "Board" means the Maryland State Board of Dental Examiners.

.03 General Qualification Requirements.

A. To qualify for a general license to practice dentistry an applicant shall:

(1) Be of good moral character;

(2) Be at least 18 years old; and

(3) Hold a degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent from a college or university that is:

(a) Authorized by any state or any province of Canada to grant the degree; and

(b) Recognized by the Board as:

(i) Requiring adequate preprofessional collegiate training; and

(ii) Maintaining an acceptable course of dental instruction.

B. In addition to the requirements contained in §A of this regulation, an applicant for a dental license shall meet all the requirements for licensure contained in Health Occupations Article, Title 4, Annotated Code of Maryland.

C. To qualify for a general license to practice dental hygiene an applicant shall:

- (1) Be of good moral character; and
- (2) Be a graduate of a school for dental hygienists that:
 - (a) Requires at least 2 years of education in an institution of higher education;
 - (b) Is accredited by the American Dental Association Commission on Dental Accreditation; and
 - (c) Is approved by the Board.

D. In addition to the requirements contained in §C of this regulation, an applicant for a dental hygiene license shall meet all of the requirements for licensure contained in Health Occupations Article, Title 4, Annotated Code of Maryland.

E. An applicant who otherwise qualifies for an initial dental license shall pass the written and clinical ADLEX examination with a score of 75 or greater in each required section.

F. An applicant who otherwise qualifies for an initial dental hygiene license shall pass the written and clinical ADHLEX examination with a score of 75 or greater in each required section.

G. An applicant for an initial dental or dental hygiene license shall pass the national boards examinations, also known as the National Boards, administered by the Council of National Boards of the American Dental Association.

H. An applicant who fails the ADLEX or ADHLEX examinations four times may not be licensed.

.04 Locations, Frequency, Content, and Grading of Examinations.

The ADEX has the authority to determine:

- A. Examination sites;
- B. Frequency of examinations;
- C. Examination content; and
- D. Grading method, provided that the grading method is not arbitrary and capricious.

.05 Completion of All Sections of Examinations Required.

Applicants may not be licensed until they have successfully passed:

- A. All required sections of the ADLEX or ADHLEX examination; and
- B. The national board examinations.

.06 Maryland Law Examination.

A. In addition to passing the ADLEX or ADHLEX examination and national board examinations, an applicant shall pass a written examination on laws, regulations, and ethics given by the Board or its designee.

B. The examination shall consist of the following two parts:

- (1) General questions on:
 - (a) Laws;
 - (b) Regulations; and
 - (c) Ethics; and
- (2) Questions on Maryland jurisprudence.

C. An applicant shall attain a score of 75 or greater on each section of the examination described in §B of this regulation.

.07 Loss of Clinical Skills.

The Board may require that an applicant for licensure successfully pass each required section of the ADLEX or ADHLEX clinical examination if the Board determines that the applicant may have lost clinical skills because of an extended absence from clinical practice.

.08 Application and Fee.

A. A candidate for licensure shall:

- (1) Fully complete the appropriate Board application; and
- (2) Pay the required fee in accordance with COMAR 10.44.20.

B. An application shall be returned to the applicant and the applicant may not be licensed if the application:

- (1) Is incomplete;
- (2) Does not contain all of the requested information or documentation; or
- (3) Is not accompanied by the required fee.

C. The Board shall refund the application fee, less a \$50 processing fee, to a dentist or a dental hygienist who does not qualify for licensure.

.09 Application Procedures for Dentists and Dental Hygienists.

An applicant for a dental or a dental hygiene license shall submit the following to the Board:

- A. A completed application on a form provided by the Board;
- B. A recent photograph of the applicant not to exceed 3 inches by 3 inches accompanied by a notarized statement stating that "the photograph is a true photograph of me";
- C. An original National Board Score Card;
- D. Certified proof of dental or dental hygiene education which contains the raised embossed school seal certifying its authenticity, except that letters from educational institutions on original letterhead, bearing an original signature, do not require a raised embossed seal;
- E. A certified ADLEX or ADHLEX score;
- F. Documentation of change of name if the name on any of the documents submitted to the Board differs from the applicant's name; and
- G. Any other documents or information pertinent to licensure required by the Board.

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 52 PREVENTIVE MEDICINE

10.52.15 Screening for Critical Congenital Heart Disease (CCHD) in Newborns

Authority: Health-General Article, §§13-109, 13-111, and 18-107(a), Annotated Code of Maryland

Notice of Proposed Action
[12-252-P]

The Secretary of Health and Mental Hygiene proposes to adopt new Regulations .01—.08 under a new chapter, **COMAR 10.52.15 Screening for Critical Congenital Heart Disease (CCHD) in Newborns.**

Statement of Purpose

The purpose of this action is to establish Statewide screening protocols for Critical Congenital Heart Disease (CCHD) in newborns, and to identify standards and requirements for the Department, birthing facilities, attending clinicians, attending physicians, and authorized health care providers participating in newborn screening for CCHD. The proposed regulations also establish procedures for parent or guardian refusal of screening, screening, and recordation of results and specify pre-test information that should be provided to a newborn's parent or guardian, allowable use of information collected, and confidentiality of records.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The addition of newborn screening for CCHD will add costs to newborn care for hospitals and freestanding birthing facilities. These costs include additional pulse oximeters (screening equipment) and probes if needed, as well as staff time to inform parents, perform screening, and record results. There will be some well infants with abnormal results (false positives). Infants with abnormal screening results will undergo follow-up testing to determine the underlying cause for their abnormal result. In the case of these false-positive infants, the costs of their follow-up testing will be borne by public and private insurers, as well as hospitals.

There will be costs to DHMH as well. A half time nurse position is required for start-up, and a one-third time nurse position will be required for ongoing surveillance and follow-up.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:		
(1) Prevention and Health Promotion Administration	(E+)	\$45,000 first year; \$30,000 subsequent years
(2) Medical assistance & MCHP	(E+)	\$15,600 per year
B. On other State agencies:		
	NONE	
C. On local governments:		
	NONE	
D. On regulated industries or trade groups:		
(1) Insurance	(-)	\$15,300
(2) Hospitals	(-)	\$365,000
(3) Birthing centers and midwives	(-)	Indeterminable
E. On other industries or trade groups:		
	NONE	
F. Direct and indirect effects on public:		
(1) Public	(+)	Indeterminable
(2) Uninsured families	(-)	\$7,500

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A(1). Personnel costs to DHMH’s Prevention and Health Promotion Administration (PHPA) for initiating and maintaining screening include 0.5 FTE of a nurse position for the first year, and 0.33 FTE each subsequent year for maintenance. PHPA is responding to the need to absorb these costs into existing resources by redistributing the duties of the nurse who currently runs the Birth Defects and Sickle Cell Disease programs. Job duties that do not require nursing expertise have been delegated to other positions so that the nurse can take on the additional responsibilities related to this screening program. The office’s Medical Director has also had some duties shifted in order to assume new duties associated with this

screening program.

A(2). Approximately 65 infants can be expected to have false-positive screens each year. Currently there are no data available to help predict how many infants will receive what tests to evaluate their oxygen saturation. The cost estimates presented here are the costs expected if all infants screening positive who did not have another condition identified received an echocardiogram.

Since approximately 40 percent of Maryland children are enrolled in Medical Assistance or the Maryland Children’s Health Program (MCHP), this means that about 26 false-positive infants will be covered by the State. Both of these programs reimburse \$600 for an echocardiogram, so the estimated cost to the State for approximately 26 false positives would be \$15,600.

D(1). Of the approximately 65 infants expected to have false screens each year, 53 percent are anticipated to be covered by private insurers. Private insurers reimburse approximately \$450 for an echocardiogram, so the estimated cost to the insurance industry for 34 false positives would be \$15,300.

D(2). The estimated cost of screening for hospitals is based on the cost of reusable probes (approximately \$1 per infant over time) and the cost of staff time to perform and record the results of screening. This new screening program is anticipated to cost hospitals approximately \$5 per infant screened. Approximately 73,000 children are born in Maryland hospitals each year. Assuming that hospitals do not raise the cost of bundled newborn services in response to this new screening program, the anticipated cost of this program to hospitals will be \$365,000. If hospitals increase the cost of bundled newborn services to cover the cost of this screening these costs will be shifted onto public and private payors, and individuals.

D(3). Freestanding birthing centers and nurse midwives who perform home deliveries may be impacted by the implementation of this new screening. These groups will have options to 1) refer to the infant’s primary care provider for screening if feasible, or 2) purchase a pulse oximeter (approximately \$300) and other necessary equipment (probes approximately \$1 per infant over time) and perform the screening on the follow-up home visit. Birthing centers generally release mothers and infants within 6—8 hours of birth, and perform a home visit within 72 hours. In order to perform CCHD screening, home visits will need to be done within 48 hours, which will be a change from current practices for these groups. There are approximately 400 home births each year in Maryland, so the impact of these changes, while indeterminable, is not anticipated to be significant.

F(1). The effects on the public are expected to be positive overall. Identifying infants with CCHD before they become symptomatic has the potential to save lives and reduce long-term morbidity. There is the possibility for inconvenience to families when newborn discharge is delayed due to an abnormal result, or if their baby needs to be transferred for further evaluation and ultimately does not have CCHD.

F(2). Of the approximately 65 infants expected to have false screens each year, less than 7 percent are anticipated to be uninsured (5 children). The customary charge for an echocardiogram is \$1,500. The total impact to uninsured families is expected to be less than \$7,500.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Purpose and Scope.

A. This chapter establishes Statewide screening protocols for critical congenital heart disease in newborn infants.

B. This chapter identifies standards and requirements for the Department, birthing facilities, nurse midwives, and persons participating in newborn screening for critical congenital heart disease.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Attending clinician" means an individual who is:

(a) A health care provider as defined in Health-General Article, §5-601, Annotated Code of Maryland; and

(b) Responsible for the care of newborn infants, and is either:

(i) A certified nurse practitioner licensed by the Maryland Board of Nursing; or

(ii) A certified nurse midwife licensed by the Maryland Board of Nursing.

(2) "Attending physician" means an individual who is:

(a) A health care provider as defined in Health-General Article, §5-601, Annotated Code of Maryland;

(b) Responsible for the care of a newborn infant;

(c) Licensed to practice medicine in Maryland; and

(d) Board-certified by a member board of the American Board of Medical Specialties or an approved specialty board of the American Osteopathic Association in a specialty that includes the care of newborn infants.

(3) "Authorized health care provider" means an individual:

(a) Who has received training in the screening protocol; and

(b) For whom the CCHD screening tests are within his or her professional scope of practice.

(4) "Birth Defects Reporting and Information System" means the mandated reporting, monitoring, and follow-up of infants with birth defects as described in Health General Article, §18-206, Annotated Code of Maryland.

(5) Birthing Facility.

(a) "Birthing facility" means a facility that provides care for women during labor and delivery, and their newborn infants.

(b) "Birthing facility" includes a:

(i) Unit of a hospital that is licensed and accredited to provide birthing services; or

(ii) Freestanding birthing center as defined in COMAR 10.05.02.01B.

(6) "CCHD screening" means the tests for the detection of CCHD that are recommended by the United States Department of Health and Human Services.

(7) "Critical congenital heart disease (CCHD)" means a congenital heart defect that places an infant at significant risk of disability or death if not diagnosed soon after birth.

(8) "Department" means the Department of Health and Mental Hygiene.

(9) "Echocardiogram" means a test that uses ultrasound to provide an image of the heart.

(10) "Newborn infant" means an infant in the first 28 days of life who was born:

(a) In Maryland; or

(b) On federal property within Maryland.

(11) "Newborn Screening Follow-Up Unit" means the unit in the Department that carries out the duties set forth in Regulation .07 of this chapter.

(12) "Web-based system" means the web-based database used by the Department to collect data for newborn infant screening follow-up.

.03 Pre-Test Information and the Right to Refuse Screening.

A. Before a newborn infant is screened for CCHD, a health care provider shall provide to the newborn infant's parent or guardian an explanation of CCHD screening that includes:

(1) Reasons for screening, including:

(a) The purpose and benefits of the screening; and

(b) The nature, risks, and consequences of not screening for CCHD.

(2) A parent or guardian's right to refuse having the screening performed, including:

(a) Explaining any risk involved with the screening; and

(b) Providing a reasonable opportunity to refuse the screening.

B. Refusal of Screening.

(1) All newborn infants shall be screened for CCHD unless the parent or guardian refuses the screening.

(2) If a parent or guardian refuses screening, a provider may not perform CCHD screening on the infant.

(3) When a parent or guardian refuses screening, the birthing facility or nurse midwife shall:

(a) Document parent refusal in the medical record; and

(b) Enter this information into the web-based system in accordance with Regulation .05 in this chapter.

(4) If the parent or guardian of the newborn infant does not refuse the screening, the birthing facility or nurse midwife shall:

(a) Perform screening on the newborn infant; and

(b) Follow-up with results in accordance with Regulation .05 of this chapter.

.04 Screening Procedures.

A. An authorized health care provider shall perform the screening.

B. Newborn Infants Receiving Routine Care.

(1) The birthing facility or nurse midwife shall:

(a) Perform screening on a newborn infant between 24 hours and 48 hours of life; or

(b) If unable to perform the screening, refer the infant to another authorized health care provider to perform the screening between 24 hours and 48 hours of life.

(2) If the newborn infant is discharged from a facility after 12 hours of life but before 24 hours of life, the birthing facility shall perform screening as late as is practical before the newborn infant is discharged from the birthing facility.

(3) If the newborn infant is discharged before 12 hours of life, the birthing facility shall refer the infant to another authorized health care provider to perform screening between 24 hours and 48 hours of life.

C. Newborn Infants in Special Care or Intensive Care. Birthing facilities shall develop protocols for screening infants in the special care or intensive care nurseries.

D. Circumstances Where Screening Is Not Indicated. There may be instances where screening for CCHD is not indicated, including but not limited to instances where:

(1) The newborn infant's clinical evaluation to date has included an echocardiogram which ruled out CCHD; or

(2) *The newborn infant has confirmed CCHD based on prenatal or postnatal testing.*

.05 Results.

A. Recordation of Results.

(1) *All screening results shall be recorded in the newborn infant's medical record.*

(2) *All screening results shall be entered into the web-based system along with the following information:*

(a) *Newborn infant's:*

- (i) *Name;*
- (ii) *Date of birth;*
- (iii) *Gender;*
- (iv) *Place of birth; and*
- (v) *Primary care physician after discharge; and*

(b) *Mother's:*

- (i) *Name; and*
- (ii) *Date of birth.*

B. Abnormal Screening Results.

(1) *Abnormal screening results shall be reported by the authorized health care provider who conducted the screening to the attending physician or attending clinician immediately.*

(2) *A newborn infant shall be evaluated immediately by an attending physician in order to complete the recommended protocol.*

(3) *A newborn infant may not be discharged from care until:*

(a) *A cause for the abnormal screening result has been determined; or*

(b) *An echocardiogram has been performed, read, and determined not to indicate CCHD.*

(4) *The birthing facility shall enter screening results into the web-based system as specified in §A(2) of this regulation.*

(5) *The birthing facility shall provide notification of abnormal results to the newborn infant's:*

- (a) *Parent or guardian; and*
- (b) *Primary care provider.*

C. Newborn Infants Not Screened.

(1) *If a newborn infant is not screened secondary to discharge before 12 hours of life, the birthing facility or nurse midwife shall:*

(a) *Follow-up with the family to refer to an authorized health care provider for screening between 24 hours and 48 hours of life after:*

- (i) *Discharge from the facility; or*
- (ii) *A home birth; and*

(b) *Enter into the web-based system the:*

(i) *Identifying information specified in §A(2) of this regulation; and*

(ii) *Reason for not screening which shall be "early discharge".*

(2) *If a newborn infant is not screened secondary to screening not being indicated, the birthing facility or nurse midwife shall enter into the web-based system:*

(a) *The identifying information specified in §A(2) of this regulation;*

(b) *The reason for not screening which shall be "screening not indicated"; and*

(c) *A notation of the reason for the override.*

(3) *If a newborn infant is not screened secondary to parent or guardian refusal, the birthing facility or nurse midwife shall enter into the web-based system the:*

(a) *Information specified in §A(2) of this regulation; and*

(b) *Reason for not screening which shall be entered as "parent refusal".*

.06 Birthing Facility and Nurse Midwife Responsibilities.

A. Birthing Facility Responsibilities. *The birthing facility shall:*

(1) *Identify a clinical staff person as a contact for CCHD screening;*

(2) *Develop protocols to ensure that all newborn infants are offered screening;*

(3) *Develop protocols to ensure that all screening results are reported in accordance with Regulation .05 of this chapter;*

(4) *Ensure that follow-up is performed for newborn infants not screened before hospital discharge; and*

(5) *Develop protocols that assure the timely evaluation and referral, if necessary, of newborn infants who have abnormal screening results including:*

- (a) *Evaluation by the attending physician;*
- (b) *Performance of an echocardiogram;*
- (c) *Reading of the echocardiogram; and*
- (d) *Referral of newborn infants for further evaluation when needed.*

B. Newborn Infants Born Outside a Birthing Facility. *If the birth of a newborn infant occurs outside a birthing facility, the nurse midwife shall perform screening in accordance with Regulation .05 of this chapter or refer to an authorized health care provider for screening between 24 hours and 48 hours of life.*

.07 Department Responsibilities.

The Newborn Screening Follow-Up Unit shall:

A. *Investigate each instance of abnormal screening results to determine the cause for the abnormal result;*

B. *Enter newborn infants found to have CCHD into the Birth Defects Reporting and Information System;*

C. *Provide condition-specific information and resources to the family; and*

D. *Perform ongoing evaluation of CCHD screening in the State.*

.08 Records.

A. *The screening of newborn infants pursuant to this chapter is a population-based public health surveillance program as defined under the Health Insurance Portability and Accountability Act of 1996.*

B. *On request, a birthing facility or health care provider shall make available to the Newborn Screening Follow-Up Unit:*

- (1) *Medical records;*
- (2) *Records of laboratory tests; and*
- (3) *Any other medical information the Newborn Screening Follow-Up Unit considers necessary to:*

(a) *Determine final outcomes of abnormal screening results; and*

(b) *Evaluate CCHD Screening activities in the State, including:*

- (i) *Performance of follow-up evaluations and diagnostic tests;*
- (ii) *Initiation of treatment when necessary; and*
- (iii) *Surveillance of the accuracy and efficacy of the screening.*

C. *Information that the Department receives under this chapter is confidential and may only be used or disclosed:*

(1) *To provide services to the newborn infant and the infant's family;*

(2) *To study the relationships of the various factors determining the frequency and distribution of CCHD;*

(3) *For State or federally mandated statistical reports; and*

(4) *To ensure that the information received by the Department is accurate and reliable.*

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

Title 11 DEPARTMENT OF TRANSPORTATION

Subtitle 03 MARYLAND AVIATION ADMINISTRATION

Notice of Change to Opportunity for Public Comment [12-236-P-I]

The Opportunity for Public Comment which appeared in 39:18 Md. R. 1210—1211 (September 7, 2012) has been changed. The correct notice follows.

Opportunity for Public Comment

Comments may be sent to Ellen Sample, Director, Office of Noise and Land Use Compatibility, MAA, P.O. Box 8766, BWI Airport Maryland 21240, or call (410) 859-7925, or email to dsample@bwiairport.com, or fax to (410) 859-7288. Comments will be accepted through October 9, 2012. A public hearing has been scheduled for Wednesday, September 26, 2012, 6 p.m. at Martin State Airport, 701 Wilson Point Road, Middle River, Maryland 21220.

PAUL J. WIEDEFELD
Executive Director
Maryland Aviation Administration

Subtitle 12 MOTOR VEHICLE ADMINISTRATION — LICENSING OF BUSINESSES AND OCCUPATIONS

11.12.03 Automotive Dismantlers and Recyclers, and Scrap Processors

Authority: Transportation Article, §§12-104(b) and 15-511, Annotated Code of Maryland

Notice of Proposed Action [12-256-P]

The Administrator of the Motor Vehicle Administration proposes to amend Regulations **.01** — **.03**, **.05**, and **.06**, repeal existing Regulation **.07** and adopt new Regulation **.07**, repeal existing Regulations **.08** and **.09**, and amend and recodify existing Regulation **.10** to be Regulation **.08** under **COMAR 11.12.03 Automotive Dismantlers and Recyclers, and Scrap Processors**.

Statement of Purpose

The purpose of this action is to amend regulations to clarify and establish mandated guidelines for Automotive Dismantlers and Recyclers, and Scrap Processors pursuant to House Bill 499, Chapter 377, Acts of 2012.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Tracey C. Sheffield, Regulations Coordinator, Motor Vehicle Administration, 6601 Ritchie Highway N.E., Room 200, Glen Burnie, MD 21062, or call (410) 768-7545, or email to tshellfield@mdot.state.md.us, or fax to (410) 768-7506. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.01 Licensing of Automotive Dismantlers and Recyclers, and Scrap Processors.

A. — B. (text unchanged)

C. One automotive [dismantler's] *dismantler* and recycler's or scrap processor's license shall be permitted for any one location.

D. — E. (text unchanged)

F. *An automotive dismantler and recycler or scrap processor shall use the Administration's designee's electronic system for all reporting required under this subtitle or Transportation Article, § 15-511, Annotated Code of Maryland.*

.02 [Traders] *Trader's License, Zoning, and Locations Adjoining Water or in a Flood Plain.*

A. The applicant or licensee, or both, shall have a valid [traders] *trader's* license. The [traders] *trader's* license shall be displayed in the office of the licensed business in a conspicuous place.

B. The automotive dismantler and recycler or scrap processor location shall comply with all local ordinances, [and] zoning regulations, *and applicable State and federal laws.*

[C. An automotive dismantler and recycler or scrap processor who owns or maintains a facility lawfully in existence on January 1, 1972, which adjoins any river, stream, or other body of water shall:

(1) Store and maintain any trash, junk, automobiles, automobile tires, other automobile parts and other refuse in such manner as to prevent the dumping, depositing, or transporting of this matter into the waters of the State, as defined in Natural Resources Article, §8-101, Annotated Code of Maryland;

(2) Inform the Department of the Environment and the Department of Natural Resources, Water Resources Administration, of provisions planned or made to prevent the dumping, depositing, or transporting of the matter specified in §C(1) into the waters of the State; and

(3) Comply with the provisions of standards and specifications for restraining the dumping, depositing, or transporting of the matter specified in §C(1) into the waters of the State.

D. An automotive dismantler or recycler or scrap processor's facility within the 100-year flood plain of waters of the State, as defined in Natural Resources Article, §8-101, Annotated Code of Maryland, shall have obtained a permit by the Department of Natural Resources, Water Resources Administration, before operating or allowing operation of the facility. However, a person licensed under this subtitle at a fixed location, as specified in the application, on or before December 31, 1985, may not be refused permission to operate at the fixed location solely because any portion of the fixed location is within the 100-year flood plain of waters of the State, as defined in Natural Resources Article, §8-101, Annotated Code of Maryland.]

.03 Office Requirements.

A. — D. (text unchanged)

E. Every licensed automotive dismantler and recycler or scrap processor shall use [the] *its business* license number [from their license upon] *on* all Administration forms, in the area provided for the number.

.05 [Use and Disposition of Forms and] Inventory Reporting and Vehicle Identification Device.

A. [All forms shall be submitted and approved in a manner as may be prescribed by the Administration.] *Every licensed automotive dismantler and recycler or scrap processor shall use its business license number when entering information into the Administration's designee's electronic system, on all forms, and in all advertisements, including any statements or representations made in any newspaper, pamphlet, circular, other publication, including but not limited to electronic media, radio or television, and in or on any notice, handbill, sign, billboard, poster, bill catalog, letter, or business card.*

B. Every vehicle, body, or chassis [listed on the initial inventory report or subsequent inventory reports] *reported in the Administration's designee's electronic system, and which is held for longer than the end of the first business day following the date of the transaction, shall be tagged with a numbered identification device which shall:*

(1) — (2) (text unchanged)

(3) Agree with the identification number listed for the vehicle on all forms required by the Administration *and in the Administration's designee's electronic system.*

C. *Except as provided in §E(2) of this regulation, [A]a licensed automotive dismantler and recycler or scrap processor [shall submit to the Administration or its designee an initial inventory report and subsequent inventory, including immediate disposal inventory reports, which] shall:*

(1) [Be received at the Administration or its] *Transmit, electronically, to the Administration's designee, by [the last day of the month for vehicles acquired during the preceding month] the end of the first business day following the date of the transaction,*

[(2) Include] information on every vehicle acquired by the licensed automotive dismantler and recycler *or scrap processor at the location for which the license was issued; and*

[(3) Be] (2) *If not currently conducting business, [submitted] submit a report of no business by the end of the month, even if there are no vehicles acquired or disposed of during the month.*

D. *Acquisition of Vehicles By a Scrap Processor From Other Than a Licensed Automotive Dismantler and Recycler.*

(1) *A printout of the notification made in accordance with §C(1) of this regulation, along with the certificate of title of the vehicle, or other documentary evidence of ownership acceptable to the Administration, shall be retained by the scrap processor for a period of 3 years.*

(2) *The Administration shall consider the date of acquisition as the date of destruction of the vehicle.*

E. *Transfer of a Vehicle From an Automotive Dismantler and Recycler To a Scrap Processor.*

(1) *Upon transfer of a vehicle from an automotive dismantler and recycler to a scrap processor, the automotive dismantler and recycler shall electronically notify the Administration's designee of the conveyance of ownership.*

(2) *For vehicles that have been flattened or cubed, the scrap processor shall maintain a record of the business license of the automotive dismantler and recycler and the details of the transaction.*

.06 Storage.

Vehicles acquired by automotive dismantlers and recyclers *that have not been flattened or cubed may not be stored more than two high and shall be stored in a safe and secure manner readily accessible to inspection.*

.07 Acceptable Forms of Documentary Evidence of Ownership.

Except as provided in Regulation .05E(2) of this chapter, upon taking possession of a vehicle, or before dismantling, destroying, or scrapping the vehicle, an automotive dismantler and recycler or

scrap processor must obtain one of the following forms of documentary evidence of ownership:

A. *Certificate of Title;*

B. *Salvage Certificate;*

C. *For individuals not listed in the records of the Administration as the sole owner of the vehicle, Affidavit of Lawful Possession, accompanied by proof of notification pursuant to Transportation Article, § 15-509, Annotated Code of Maryland;*

D. *For individuals listed in the records of the Administration as the sole owner of the vehicle, or an agent of the owner, Affidavit of Ownership, accompanied by documentation acceptable to the Administration to verify ownership of the vehicle;*

E. *If the vehicle was acquired from a law enforcement agency at an auction, an auctioneer's receipt (VR-112) under Transportation Article § 15-511 and 25-207(f), Annotated Code of Maryland;*

F. *Certificate of Authority to Dispose of an Abandoned Motor Vehicle to an Automotive Dismantler and Recycler or Scrap Processor (CS-78), authorized by a law enforcement agency under Transportation Article § 25-209, Annotated Code of Maryland; or*

G. *Insurance Affidavit in Lieu of a Title, pursuant to Transportation Article, § 13-506, Annotated Code of Maryland.*

[.10].08 Refund of Licensing Fees.

A. (text unchanged)

B. Requests for refunds shall be submitted in writing, on forms provided by the Administration, after the cancellation of the [registration] license and before the first day of the second [registration] license year.

JOHN T. KUO
Administrator
Motor Vehicle Administration

Subtitle 19 MOTOR VEHICLE ADMINISTRATION — SCHOOL VEHICLES

Notice of Proposed Action

[12-255-P]

The Administrator of the Motor Vehicle Administration proposes to amend:

(1) Regulations **.01-1, .04, .07, .14, .20, .21, .24, .26, .28, .29, and .31—33** under **COMAR 11.19.02 Type I School Vehicles — Construction Standards**; and

(2) Regulations **.02, .08, .19, .23—26, .28—30, .32, .33, and .38** under **COMAR 11.19.03 Type II School Vehicles — Construction Standards**.

Statement of Purpose

The purpose of this action is to amend regulations for Fire Safety Standards for School Buses to conform to Senate Bill 369, Chapter 453, Acts of 2011. These amendments require all school buses procured after January 1, 2014 to conform to the new fire safety standards for school buses. Also, this action updates and makes technical manufacturers corrections to Type I and Type II school vehicle inspection regulations.

Comparison to Federal Standards

In compliance with Executive Order 01.01.1996.03, this proposed regulation is more restrictive or stringent than corresponding federal standards as follows:

(1) Regulation citation and manner in which it is more restrictive than the applicable federal standard:

11.19.02.31 and 11.19.03.19, seat upholstery, are more restrictive than federal standards.

(2) Benefit to the public health, safety or welfare, or the environment:

An improvement in safety will be achieved by requiring all school buses procured after January 1, 2014 to conform to the new fire safety standards.

(3) Analysis of additional burden or cost on the regulated person:

These amendments will allow school bus manufacturers to utilize new technology on the assembly line without the need to make Maryland specific alterations. Existing regulations often require nonstandard equipment for Maryland buses. This adds cost to the bus dealers and the end user without adding any additional margin of safety. These alterations also delayed vehicle delivery intervals. The changes also reduce cost of replacement parts such as rigid exhaust pipe. As a bonus an improvement in safety will be achieved via safer and brighter lighting, electric mirrors and fire block upholstery. By conforming to federal standards at a reduced cost, Maryland school bus dealers and end users will be able to order their buses without extensive modifications.

(4) Justification for the need for more restrictive standards:

Senate Bill 369, Chapter 453, Acts of 2011 requires school buses to be constructed with certain fire safety material that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Tracey C. Sheffield, Regulations Coordinator, MVA, 6601 Ritchie Highway N.E., Room 200, Glen Burnie, MD 21062, or call (410) 768-7545, or email to tsheffield@mdot.state.md.us, or fax to (410) 768-7506. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

11.19.02 Type I School Vehicles — Construction Standards

Authority: Transportation Article, §§11-173, 12-104(b), and 25-110; Education Article, §7-808, Annotated Code of Maryland

.01-1 Incorporation by Reference.

A. (text unchanged)

B. Documents Incorporated.

(1) — (25) (text unchanged)

(26) 49 CFR §571.302 Flammability of interior materials, as amended. *Repeal effective January 1, 2014 pursuant to Chapter 453, Acts of 2011.*

(27) — (28) (text unchanged)

.04 Brakes — General, Hydraulic, Air Brake.

A. (text unchanged)

B. Hydraulic.

(1) — (6) (text unchanged)

(7) A drive-line type parking brake shall [be either 10 inches by 3 inches, 11 inches by 2 inches, or 12 inches by 3 inches with] *have a* conveniently mounted control [handle] to apply and release.

(8) — (9) (text unchanged)

C. (text unchanged)

.07 Exhaust System.

A. The exhaust system shall include the:

(1) (text unchanged)

(2) Piping leading from the flange of the exhaust manifold, to and including the muffler or mufflers and[tail pipe or] *exhaust* pipes.

B. (text unchanged)

C. [Tail Pipe or] *Exhaust Pipes.*

(1) The [tail] *exhaust* pipe [or pipes] shall be of nonflexible 16-gauge steel [or its equivalent, except for rear engine vehicles]. *An Original Equipment Manufacture flexible pipe or its equivalent not longer than 24 inches in length may be used at the front of the system at or near the turbocharger.*

(2) The [tail] *exhaust* pipe shall exit the rear of the bus on either the left or right side of the emergency door.

(3) The [tail] *exhaust* pipe may not exit through or be attached to the bumper.

D. — F. (text unchanged)

.14 Tires (Wheels and Rims).

A. New tires of [good quality and] proper size and ply rating commensurate with the chassis manufacturer’s gross vehicle weight rating shall be provided. All tires on any given vehicle shall be the same size and ply rating.

B. — C. (text unchanged)

.20 Color and Identification (Lettering).

A. (text unchanged)

B. The following lettering is required and shall be block type:

(1) (text unchanged)

(2) The words “EMERGENCY DOOR” or “EMERGENCY EXIT” shall be 2 inches high [by 3/8-inch wide] black lettering and shall be applied *at the top of, or directly above,* the *emergency exit* door and *above* the emergency push-out windows on the inside and outside of the vehicle. If the outside areas above the door or the upper door window are not large enough for the words, the words may be placed on the door under the upper window.

(3) — (4) (text unchanged)

(5) If applicable, the name of the local school system shall be on both sides of the vehicle, properly centered, in letters 6 inches high by [1 inch] *3/4 inch* wide.

(6) (text unchanged)

C. The following lettering may be used, if required or desired:

(1) ICC number (to rear of entrance door 2 1/2—3 inches high by [1/2 inch] *1/4—1/2 inch* wide);

(2) Address of owner (to rear of entrance door 2 1/2—3 inches high by [1/2 inch] *1/4—1/2 inch* wide);

(3) Telephone number of owner (to rear of entrance door 2 1/2—3 inches high by [1/2 inch] *1/4—1/2 inch* wide);

(4) (text unchanged)

D. Only signs and lettering approved by State law or regulation and any numbers necessary for identification shall appear on the vehicle. Bumper stickers are not permitted. *The fleet number may be on the front bumper.* All lettering shall be located according to the diagram and shall be block type.

E. — J. (text unchanged)

.21 Electrical (Body) — Lamps, Signals, Reflectors, and Fuses.

A. — B. (text unchanged)

C. Back-Up Lights. Two back-up lights shall be installed to be activated when the gear shift lever is placed in reverse position. Lights shall be not less than [a nominal] 4 inches in diameter with a minimum of 32 candlepower and mounted above the bumper and below the window line.

D. Clearance, Side-Marker, and Identification Lamps. Two red clearance lamps on the rear and two amber clearance lamps on the front shall be mounted as high as practical on the permanent structure

of the school bus to indicate extreme width. Two side marker lamps, amber at the front and red at the rear, shall be mounted on each side of the bus. Three red identification lamps shall be mounted on the same level not more than 8 inches apart in the center rear of the body as high as practical, and three amber identification lamps shall be likewise mounted in the center front of the body. Recessed [identification cluster] lights [in the front and rear] are permitted.

E. — I. (text unchanged)

J. Switches.

(1) — (2) (text unchanged)

(3) A noise reduction off and on switch shall be installed to permit the driver to shut off the [radio] *entertainment devices* and all interior fan motors. This requirement applies to school vehicles constructed as of June 20, 2005.

.24 Backup Warning Alarm.

An automatic *non-variable* audible alarm shall be installed behind the rear axle *and be at least 97 decibels*.

.26 Flooring and Floor Covering.

A. (text unchanged)

B. Floor covering in the aisle and steps shall be one continuous piece of fire-resistant, nonskid, wear-resistant, [ribbed] rubber. The minimum overall thickness shall be 0.1875 inch [measured from tops of ribs]. There shall be a heavy-duty, white-nosed, rubber wear plate where floor covering meets steps.

C. (text unchanged)

.28 [Defroster-Defogger] Defogger, Auxiliary. (text unchanged)

.29 Mirrors.

A. (text unchanged)

B. Two *adjustable* exterior, clear view mirrors, with black housing, shall be installed on each side of the vehicle. [Mirrors with only an adjustable head may not be accepted.]

C. (text unchanged)

.31 Seats, Crash Barriers, and Interior.

A. Passenger Seats.

(1) — (4) (text unchanged)

(5) Seats shall be:

[forward] (a) *Forward* facing and shall be securely fastened with bolts and nuts to supporting parts of the vehicle. Each leg shall be fastened with a minimum of two bolts and nuts. Portable seats are not acceptable. Aisles between forward facing seats shall have a minimum clear width of 12 inches[.]; *and*

(b) *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

(6) (text unchanged)

(7) The rear davenport paneling shall be covered with fireblock upholstery or have fireblock material between the engine compartment and the passenger compartment, and the seat on rear engine busses shall be covered with fireblock upholstery. *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

(8) (text unchanged)

B. (text unchanged)

C. Operator's Seat.

(1) (text unchanged)

(2) The operator's seat shall:

(a) — (c) (text unchanged)

(d) Be covered with Fire-Block material. *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

D. Crash Barriers.

(1) — (2) (text unchanged)

(3) Barriers shall be covered with Fire-Block material. *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

E. — G. (text unchanged)

.32 Service Doors, Emergency Windows, Doors, and Exits.

A. (text unchanged)

B. Emergency Door.

(1) An emergency door shall be located in the rear and near the center. If the engine is so located as to prevent a rear emergency door or exit location, the emergency door shall be in the left side of the rear half of the bus and shall be clearly marked "EMERGENCY DOOR" in letters *at least 2 inches high* at the top of, or directly above, the door on both the inside and the outside. *If the outside areas above the door or the upper door window are not large enough for the words, the words may be placed on the door under the upper window.* An arrow at least 6 inches in length and 3/4 of an inch in width indicating the direction the release mechanism should be turned to open the emergency door shall be painted black on the inside of the emergency door.

(2) (text unchanged)

(3) The passage to the emergency door shall be kept clear of obstructions. For rear doors, the horizontal clearance of 24 inches shall be maintained for a distance of at least 12 inches inside the bus. When the emergency door is in the left side, a minimum horizontal clearance of [24 inches] *12 inches* and a vertical clearance of 48 inches shall be maintained between it and the center aisle. An emergency door head pad, a minimum of 1 inch by 4 inches of foam rubber, shall be installed on the interior of the vehicle to extend the width of the door opening.

(4) — (8) (text unchanged)

C. Emergency Windows.

(1) [The words "Emergency Exit" shall be in letters at least 2 inches in height above the window on the inside and above or below on the outside of the vehicle.] *Side emergency windows shall be labeled "EMERGENCY EXIT" in letters at least 2 inches high located directly above the emergency exit on both the inside and outside surfaces of the bus.*

(2) A distinctive audible signal, automatically operated, shall clearly indicate to the seated driver when the engine is running the unlatching of [the rear] *any* emergency window. A cut-off switch, except through the ignition switch, may not be installed in the circuit.

(3) (text unchanged)

(4) [Each of these windows shall be labeled "EMERGENCY EXIT" in letters 2 inches high, located at the top or directly above the emergency exit on both the inside and outside surfaces of the bus.] *The words "Emergency Exit" shall be in letters at least 2 inches high above a rear exit window on the inside and above or below the window on the outside of the vehicle.*

D. *Operating Instructions.*

(1) *Concise operating instructions describing the motions necessary to unlatch and open the emergency window shall be:*

(a) *Of a color that contrasts with the letters background; and*

(b) *Located within 6 inches of the release mechanism on the inside surface of the vehicle.*

[(5)] (c) A decal containing the precise operating instructions may be placed on [the] any Emergency Exit window. The decal shall be transparent except for the lettering.

[D.] E. Roof Vent/Emergency Exit. At least one roof vent/emergency exit shall be installed and be:

(1) (text unchanged)

(2) Equipped with a release handle inside and outside to permit the ventilator cover to hinge open for emergency exit; [and]

(3) Labeled “EMERGENCY EXIT” in letters at least 2 inches high on the inside and outside of the vehicle followed by precise operating instructions[.]; and

(4) *Roof vents may be equipped with a distinctive audible signal.*

.33 Step-Well Service Door.

A. (text unchanged)

B. The surface of steps shall be completely covered with a nonskid material having 1-1/2-inch white nosing, fire-resistant, nonskid wear-resistant, and [ribbed] rubber step treads, which shall have a minimum overall thickness of 0.1875 inch [measured from the tops of the ribs].

C. — E. (text unchanged)

11.19.03 Type II School Vehicles — Construction Standards

Authority: Transportation Article, §§11-174, 12-104(b), and 25-110; Education Article, §7-808, Annotated Code of Maryland

.02 Incorporation by Reference.

A. (text unchanged)

B. Documents Incorporated.

(1) — (24) (text unchanged)

(25) 49 CFR §571.302 Flammability of interior materials, as amended. *Repeal effective January 1, 2014 pursuant to Chapter 453, Acts of 2011.*

(26) — (27) (text unchanged)

.08 Exhaust System.

A. The exhaust system shall include the:

(1) (text unchanged)

(2) Piping leading from the flange of the exhaust manifold to and including the muffler or mufflers and [tail pipe or] exhaust pipes.

B. (text unchanged)

C. [Tail Pipes. Tail pipes] *Exhaust Pipes:*

(1) Shall be of nonflexible 16-gauge steel. *An Original Equipment Manufacture flexible pipe or its equivalent not longer than 24 inches in length may be used at the front of the system at or near the turbocharger;*

(2) — (4) (text unchanged)

D. — H. (text unchanged)

.19 Color and Identification (Lettering).

A. (text unchanged)

B. Required Lettering.

(1) — (2) (text unchanged)

(3) The words “EMERGENCY DOOR” or “EMERGENCY EXIT” in capital letters shall be 2 inches high [by 3/8 inch wide]

painted above the door and above the emergency push-out windows, both inside and outside the vehicle.

(4) — (7) (text unchanged)

C. (text unchanged)

D. Only signs and lettering approved by State law or regulation and any numbers necessary for identification shall appear on the vehicle. Bumper stickers [may not be applied] *are not permitted. The fleet number may be on the front bumper.*

E. *A vehicle titled and registered after April 2002 shall comply with all lettering size and location requirements.* If buses are repainted, they shall be relettered in compliance with this regulation.

F. — J. (text unchanged)

.23 Back-Up Warning Alarm.

An automatic *non-variable* audible alarm activated when the vehicle is in reverse shall be installed behind the rear axle *and be at least 97 decibels.*

.24 Emergency Equipment.

A. — D. (text unchanged)

E. Body Fluid Clean-Up Kit. Each bus shall have a removable and moisture-proof body fluid clean-up kit. The kit shall[:

(1) Be properly mounted in the driver’s compartment;

(2) Be clearly labeled as a body fluid clean-up kit; and

(3) At a minimum, contain the items listed below:

(a) Latex gloves, 2 pair;

(b) Mask;

(c) Absorbent powder;

(d) Antiseptic disinfectant, which may be incorporated in the absorbent powder;

(e) Antiseptic hand cleaner;

(f) Scraper;

(g) Paper towels;

(h) Two material bags with ties; and

(i) Directions for use] *be properly mounted in the driver’s compartment and identified as a body fluid clean-up kit.*

F. (text unchanged)

.25 Flooring and Floor Covering.

A. (text unchanged)

B. Aisle and Step Areas.

(1) Floor covering in the aisle and steps shall be one continuous piece of fire resistant, nonskid, wear resistant, [ribbed] rubber, with a minimum overall thickness of 0.1875 inch [measured from the tops of the ribs].

(2) (text unchanged).

C. (text unchanged)

.26 Interior Heaters.

A. — H. (text unchanged)

.28 Mirrors.

[Interior Rear View Mirror. An interior clear rear view mirror shall be provided which shall:

A. Be at least 5 inches by 15 inches to afford a good view of the passengers and the roadway to the rear;

B. Be metal backed and framed, and made of laminated safety glass; and

C. Have rounded corners and protected edges.]

A. *An interior clear view mirror shall be at least 5 by 15 inches to afford a good view of the passengers and the roadway to the rear. If it is not metal backed and framed, the mirror shall be made of laminated safety glass. It shall have rounded corners and protected edges.*

B. *Two adjustable exterior, clear view mirrors, framed with black housing, shall be installed on each side of the vehicle.*

C. Fender-Mounted Mirrors.

(1) *One fender-mounted tripod or solid piece mirror bracket shall be mounted on each front fender.*

(2) *An exterior convex mirror shall be mounted on each front fender to provide a close infield of the vision to eliminate blind spots.*

(3) *A single mirror of a type approved by the Administration in conjunction with the State Department of Education may be used in place of the mirrors in §C(2) of this regulation.*

.29 Seats, Crash Barriers, and Interior.

A. Passenger Seats.

(1) — (7) (texted unchanged)

(8) [Seat padding and covering shall be of a fire-resistant material which does not flash or explode upon contact with a spark or fire.] *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

(9) — (10) (text unchanged)

B. (text unchanged)

C. Crash Barriers.

(1) — (2) (text unchanged)

(3) [Barriers shall be covered with fireblock material.] *As of January 1, 2014, all vehicles procured for use in this State shall be constructed with materials that enable it to meet all the criteria of the school bus seat upholstery fire block test established by the National School Transportation Specifications and Procedures adopted at the most recent National Congress on School Transportation.*

D. — F. (text unchanged)

.30 Service Door.

A. The service door shall:

(1) — (4) (text unchanged)

(5) Be manually or power operated by the seated drive, *non-locking*; and

(6) (text unchanged)

B. — I. (text unchanged)

.32 Emergency Exit Windows.

A. (text unchanged)

B. Operating Instructions.

(1) Concise operating instructions describing the motions necessary to unlatch and open the emergency window shall be:

(a) [In letters at least 2 inches high and 3/8 inch wide;

(b)] Of a color that contrasts with the letters' background;

and

[(c)] (b) Located within 6 inches of the release mechanism on the inside surface of the vehicle.

(2) (text unchanged)

C. The emergency window, if provided, shall be labeled "Emergency Exit" *in letters 2 inches high located at the top of or directly above the emergency window on both the inside and outside surfaces of the vehicle.*

.33 Roof Vent/Emergency Exit.

At least one roof vent/emergency exit shall be installed and be:

A. (text unchanged)

B. Equipped with a release handle inside and outside to permit the ventilator cover to hinge open for emergency exit; [and]

C. Labeled "Emergency Exit" followed by precise operating instructions[.]; and

D. *Equipped with a distinctive audible alarm, if a roof vent.*

.38 Windshields, Windows, Wipers, and Washers.

A. *Safety Glass.* Glass shall be installed so that the identification mark is legible.

B. — D. (text unchanged)

E. Windshield Wipers.

(1) (text unchanged)

(2) The windshield wiper blades and arms shall:

(a) (text unchanged)

(b) Be *at least 14 inches long.*

JOHN T. KUO

Administrator

Motor Vehicle Administration

**Title 21
STATE PROCUREMENT
REGULATIONS**

**Subtitle 11 SOCIOECONOMIC
POLICIES**

**21.11.11 Prevailing Wage — Contracts for
Public Works**

Authority: State Finance and Procurement Article, §17-204(a), Annotated Code of Maryland

Notice of Proposed Action

[12-257-P]

The Commissioner of Labor and Industry proposes to amend Regulation .02 under **COMAR 21.11.11 Prevailing Wage — Contracts for Public Works**.

Statement of Purpose

The purpose of this action is to amend the prevailing wage regulations to provide that certified payroll records be submitted electronically in a format that will be provided by the Commissioner of Labor and Industry. In addition, the proposed regulation clarifies the information required to be submitted under fringe benefits will include the amount of the apprenticeship contribution.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Debbie Stone, Regulations Coordinator, Department of Labor, Licensing, and Regulation, Division of Labor and Industry, 1100 N. Eutaw Street, Room 606, Baltimore, Maryland 21201, or call 410-767-2225, or email to dstone@dlr.state.md.us, or fax to 410-767-2986. Comments will be accepted through October 22, 2012. A public hearing has not been scheduled.

.02 Payroll Records.

A. Within 14 days after the end of each payroll period, a contractor shall submit *electronically* to the Commissioner of Labor

and Industry [and to the contracting public body] *in a format approved by the Commissioner of Labor and Industry* a complete copy of:

(1)—(2) (text unchanged)

B. The Commissioner of Labor and Industry shall be responsible for providing the contractor's or subcontractor's payroll records to the contracting public body, as appropriate.

[B.] C. (text unchanged)

[C.] D. Contents. Each payroll record shall:

(1) (text unchanged)

(2) List:

(a)—(b) (text unchanged)

(c) Each employee's:

(i)—(vi) (text unchanged)

(vii) [Fringe benefits by type and amount] *Total amount of fringe benefits and the amount of the total that is allocated toward apprenticeship; and*

(viii) (text unchanged)

(3) (text unchanged)

[D.] E.—[E.] F. (text unchanged)

J. RONALD DEJULLIS
Commissioner of Labor and Industry

Special Documents

DEPARTMENT OF THE ENVIRONMENT SUSQUEHANNA RIVER BASIN COMMISSION

Projects Approved for Consumptive Uses of Water

AGENCY: Susquehanna River Basin Commission.

ACTION: Notice.

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATE: May 1, 2012 through May 31, 2012

ADDRESS: Susquehanna River Basin Commission, 1721 North Front Street, Harrisburg, PA 17102-2391.

FOR FURTHER INFORMATION CONTACT: Richard A. Cairo, General Counsel, telephone: (717) 238-0423, ext. 306; fax: (717) 238-2436; e-mail: rcairo@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR §806.22(f) for the time period specified above:

Approvals By Rule Issued Under 18 CFR §806.22(f):

Cabot Oil & Gas Corporation, Pad ID: BunnellE P2, ABR-201205001, Bridgewater and Dimock Townships, Susquehanna County, Pa.; Consumptive Use of Up to 3.575 mgd; Approval Date: May 4, 2012.

Cabot Oil & Gas Corporation, Pad ID: PetersenH P1, ABR-201205002, Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.575 mgd; Approval Date: May 4, 2012.

EXCO Resources (PA), LLC, Pad ID: Daisy Barto Unit Well Pad, ABR-201205003, Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 8.000 mgd; Approval Date: May 7, 2012.

Chief Oil & Gas LLC, Pad ID: Ambrosius Drilling Pad #1, ABR-201205004, Wilmot Township, Bradford County, Pa.; Consumptive Use of Up to 2.000 mgd; Approval Date: May 7, 2012.

WPX Energy Appalachia, LLC, Pad ID: Barnhart Well Pad, ABR-201205005, Liberty Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 7, 2012.

WPX Energy Appalachia, LLC, Pad ID: Coyle Well Pad, ABR-201205006, Liberty Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 7, 2012.

Chief Oil & Gas LLC, Pad ID: King Drilling Pad #1, ABR-201205007, Towanda Township, Bradford County, Pa.; Consumptive Use of Up to 2.000 mgd; Approval Date: May 14, 2012.

Chief Oil & Gas LLC, Pad ID: Polowy Drilling Pad #1, ABR-201205008, Ulster Township, Bradford County, Pa.; Consumptive Use of Up to 2.000 mgd; Approval Date: May 14, 2012.

Chesapeake Appalachia, LLC, Pad ID: Hart, ABR-201205009, Wyalusing Township, Bradford County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 17, 2012.

Chesapeake Appalachia, LLC, Pad ID: Maris, ABR-201205010, Auburn Township, Susquehanna County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 17, 2012.

Seneca Resources Corporation, Pad ID: DCNR 100 Pad P, ABR-201205011, Lewis Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 18, 2012.

Southwestern Energy Production Company, Pad ID: O'Brien Pad, ABR-201205012, Jackson Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: May 24, 2012.

EXCO Resources (PA), LLC, Pad ID: Kepner Unit Well Pad, ABR-201205013, Penn Township, Lycoming County, Pa.; Consumptive Use of Up to 8.000 mgd; Approval Date: May 25, 2012.

Chesapeake Appalachia, LLC, Pad ID: WGC, ABR-201205014, Albany Township, Bradford County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 30, 2012.

Chesapeake Appalachia, LLC, Pad ID: Carter, ABR-201205015, North Towanda Township, Bradford County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 30, 2012.

Chesapeake Appalachia, LLC, Pad ID: Iceman, ABR-201205016, Wilmot Township, Bradford County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 30, 2012.

Southwestern Energy Production Company, Pad ID: Marcucci_Jones Pad, ABR-201205017, Stevens Township, Bradford County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: May 30, 2012.

Southwestern Energy Production Company, Pad ID: Humbert III Pad (RU-9), ABR-201205018, New Milford Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: May 30, 2012.

Chesapeake Appalachia, LLC, Pad ID: Shumhurst, ABR-201205019, Tuscarora Township, Bradford County, Pa.; Consumptive Use of Up to 7.500 mgd; Approval Date: May 30, 2012.

Southwestern Energy Production Company, Pad ID: Scarlet Oaks Pad (RU-38), ABR-201205020, New Milford Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: May 30, 2012.

WPX Energy Appalachia, LLC, Pad ID: Moore Well Pad, ABR-201205021, Silver Lake Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 31, 2012.

WPX Energy Appalachia, LLC, Pad ID: Wheeler Well Pad, ABR-201205022, Silver Lake Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 31, 2012.

WPX Energy Appalachia, LLC, Pad ID: O'Reilly Well Pad, ABR-201205023, Forest Lake Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: May 31, 2012.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: August 21, 2012.

STEPHANIE L. RICHARDSON
Secretary to the Commission

[12-19-19]

SUSQUEHANNA RIVER BASIN COMMISSION

Projects Approved for Consumptive Uses of Water

AGENCY: Susquehanna River Basin Commission.

ACTION: Notice.

SUMMARY: This notice lists the projects approved by rule by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATE: June 1, 2012 through June 30, 2012

ADDRESS: Susquehanna River Basin Commission, 1721 North Front Street, Harrisburg, PA 17102-2391.

FOR FURTHER INFORMATION CONTACT: Richard A. Cairo, General Counsel, telephone: (717) 238-0423, ext. 306; fax: (717) 238-2436; e-mail: rcairo@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, receiving approval for the consumptive use of water pursuant to the Commission's approval by rule process set forth in 18 CFR §806.22(f) for the time period specified above:

Approvals By Rule Issued Under 18 CFR §806.22(f):

Cabot Oil & Gas Corporation, Pad ID: BusikJ P1, ABR-201206001, Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.575 mgd; Approval Date: June 11, 2012.

Cabot Oil & Gas Corporation, Pad ID: WaldenbergerP P1, ABR-201206002, Dimock Township, Susquehanna County, Pa.; Consumptive Use of Up to 3.575 mgd; Approval Date: June 11, 2012.

Southwestern Energy Production Company, Pad ID: Humbert Pad (RU-8), ABR-201206003, New Milford Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: June 18, 2012.

SWEPI, LP, Pad ID: Harer 713, ABR-201206004, Liberty Township, Tioga County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 18, 2012.

SWEPI, LP, Pad ID: Lovell 707, ABR-201206005, Liberty Township, Tioga County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 18, 2012.

Pennsylvania General Energy Company, LLC, Pad ID: COP Tract 293 Pad B, ABR-201206006, Cummings Township, Lycoming County, Pa.; Consumptive Use of Up to 3.500 mgd; Approval Date: June 18, 2012.

Anadarko E&P Company, LP, Pad ID: Elbow F&G Pad B, ABR-201206007, Cogan House Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 18, 2012.

EXCO Resources (PA), LLC, Pad ID: Elk Run Hunt Club Drilling Pad 2, ABR-201206008, Davidson Township, Sullivan County, Pa.; Consumptive Use of Up to 8.000 mgd; Approval Date: June 22, 2012.

SWEPI, LP, Pad ID: Guillaume 714, ABR-201206009, Liberty Township, Tioga County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 22, 2012.

Great Plains Operating, LLC dba Great Mountain Operating, Pad ID: SGL Tract 268-Pad B, ABR-201206010, Morris Township, Tioga County, Pa.; Consumptive Use of Up to 6.000 mgd; Approval Date: June 22, 2012.

Inflection Energy LLC, Pad ID: Eck, ABR-201206011, Fairfield Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 27, 2012.

Inflection Energy LLC, Pad ID: G. Adams, ABR-201206012, Mill Creek Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 29, 2012.

Inflection Energy LLC, Pad ID: Eichenlaub B Pad, ABR-201206013, Upper Fairfield Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 29, 2012.

Inflection Energy LLC, Pad ID: Eichenlaub A Pad, ABR-201206014, Upper Fairfield Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 29, 2012.

Inflection Energy LLC, Pad ID: Iffland, ABR-201206015, Upper Fairfield Township, Lycoming County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 29, 2012.

Southwestern Energy Production Company, Pad ID: KOZIOL PAD, ABR-201206016, New Milford Township, Susquehanna County, Pa.; Consumptive Use of Up to 4.999 mgd; Approval Date: June 29, 2012.

Campbell Oil & Gas, Inc., Pad ID: Mid Penn Unit B Well Pad, ABR-201206017, Bigler Township, Clearfield County, Pa.; Consumptive Use of Up to 2.000 mgd; Approval Date: June 29, 2012.

XTO Energy Incorporated, Pad ID: PA Tract Unit H, ABR-201206018, Chapman Township, Clinton County, Pa.; Consumptive Use of Up to 4.000 mgd; Approval Date: June 29, 2012.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: August 21, 2012.

STEPHANIE L. RICHARDSON
Secretary to the Commission

[12-19-20]

SUSQUEHANNA RIVER BASIN COMMISSION

Projects Rescinded for Consumptive Uses of Water

AGENCY: Susquehanna River Basin Commission.

ACTION: Notice.

SUMMARY: This notice lists the projects rescinded by the Susquehanna River Basin Commission during the period set forth in "DATES."

DATE: May 1, 2012 through June 30, 2012

ADDRESS: Susquehanna River Basin Commission, 1721 North Front Street, Harrisburg, PA 17102-2391.

FOR FURTHER INFORMATION CONTACT: Richard A. Cairo, General Counsel, telephone: (717) 238-0423, ext. 306; fax: (717) 238-2436; e-mail: rcairo@srbc.net. Regular mail inquiries may be sent to the above address.

SUPPLEMENTARY INFORMATION: This notice lists the projects, described below, being rescinded for the consumptive use of

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water pursuant to the Commission's approval by rule process set forth in 18 CFR §806.22(f) for the time period specified above:

Approvals By Rule Rescissions Under 18 CFR §806.22(f):

- Talisman Energy USA, Inc., Pad ID: 02 016 DCNR 587, ABR-201008071, Ward Township, Tioga County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 069 Porcupine Enterprise, LLC, ABR-201009035, Orwell Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 064 Manchester K, ABR-201010012, Orwell Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 070 Corbin T, ABR-201010024, Orwell Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 03 088 Andrews A, ABR-201103005, Wells Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 03 081 Bergeys, ABR-201105012, Wells Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 257 Lombardo J, ABR-201108028, Pike Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 203 Race, ABR-201109001, Windham Township, Bradford County, Pa.; Rescind Date: May 18, 2012.
- Talisman Energy USA, Inc., Pad ID: 05 068 PNMT and Associates Inc., ABR-201109008, Pike Township, Bradford County, Pa.; Rescind Date: May 18, 2012.

- Novus Operating, LLC, Pad ID: Lucca, ABR-201106028, Covington and Sullivan Townships, Tioga County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Cady #1, ABR-20091026, Brookfield Township, Tioga County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Hurler, ABR-201103002, Harrison Township, Potter County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Kibbe Pad, ABR-201104026, Harrison Township, Potter County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Godshall B Pad, ABR-201107008, Hector Township, Potter County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Godshall A Pad, ABR-201107026, Hector Township, Potter County, Pa.; Rescind Date: June 25, 2012.
- Penn Virginia Oil & Gas Corporation, Pad ID: Original Ten Pad, ABR-201107025, Hector Township, Potter County, Pa.; Rescind Date: June 25, 2012.

AUTHORITY: Pub. L. 91-575, 84 Stat. 1509 et seq., 18 CFR Parts 806, 807, and 808.

Dated: August 21, 2012.

STEPHANIE L. RICHARDSON
Secretary to the Commission
[12-19-21]

MARYLAND DEPARTMENT OF STATE POLICE HANDGUN ROSTER BOARD

Proposed Additions to Handgun Roster and Notice of Right to Object or Petition

The following is a list of handguns that the Handgun Roster Board proposes to add to the official handgun roster. These handguns will be officially placed on the Handgun Roster if no timely objection is received or if all timely objections are dismissed.

Under the Public Safety Article, §5-405, Annotated Code of Maryland and COMAR 29.03.03.13 and .14, any person may object to the placement of any of those handguns on the Handgun Roster. Objections must be filed within 30 days after **September 21, 2012**. In addition, any person may petition for the placement of an additional handgun on the Handgun Roster. Forms for objections or petitions may be obtained from: Marlene Jenkins, Administrator, Handgun Roster Board, 1201 Reisterstown Road, Baltimore, MD 21208

Manufacturer	Model Name	Model Number	Caliber
American Tactical	American Classic		.45 ACP
Arcus	98 DA		9mm
Beretta USA	92 FS Inox Compact	J90C9F20, J90C9F21	9mm
Caracal Int	Model C		9mm
Caracal Int	Model F		9mm X 19
Charter Arms/CHARCO INC	SouthPaw	93820	.38 SP
Charter Arms/CHARCO INC	Pink Lady	53230	32 H&R
Chiappa Firearms	Puma 1873 SAA-22		22 LR/ 22 Mag
Heckler & Koch	P2000		9mm
Heckler & Koch	USP Elite		9mm, .45 ACP
Kahr Arms	CM40	CM4043	40 S&W

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Kimber	Ultra Carry II		9mm
Smith & Wesson	SD9 VE		
Smith & Wesson	SD40 VE		.40 S&W
Springfield Armory/Inc	XD-S 45		.45 ACP
STI International	Lawman		9mm
Sturm Ruger	LCP	3712	.380 A
U.S. Firearms	SAA		45 ACP

[12-19-24]

General Notices

Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.

ADVISORY COUNCIL ON CEMETERY OPERATIONS

Subject: Public Meeting
Date and Time: October 25, 2012, 10 a.m. — 1 p.m.
Place: Dept. of Labor, Licensing, and Regulation, 500 N. Calvert St., 3rd Fl., Baltimore, MD
Contact: Marilyn Harris-Davis (410) 230-6229

[12-19-11]

COMMUNICATIONS TAX REFORM COMMISSION

Subject: Public Meeting
Date and Time: October 3, 2012, 2 — 4 p.m.
Place: Louis L. Goldstein Treasury Bldg., 80 Calvert St., Assembly Rm., Annapolis, MD
Add'l. Info: This meeting was previously scheduled for September 26th.
Contact: Linda I. Vasbinder (410) 260-7450

[12-19-25]

COMPTROLLER OF THE TREASURY

Subject: Notice of Interest Rate on Refunds and Moneys Owed to the State
Add'l. Info: Pursuant to Tax-General Article, §13-604, Annotated Code of Maryland, the Comptroller is required to set the annual interest rate on refunds and moneys owed to the State. For the 2013 calendar year, the annual interest rate on refunds and moneys owed to the State will be 13%.
Contact: Linda Tanton (410) 260-7806

[12-19-23]

CONSUMER COUNCIL OF MARYLAND

Subject: Public Meeting
Date and Time: October 5, 2012, 9:15 — 11 a.m.
Place: 200 St. Paul Pl., 16th Fl., Baltimore, MD
Contact: Stephanie A. Hodge (410) 576-6557

[12-19-37]

CORRECTIONAL TRAINING COMMISSION

Subject: Public Meeting
Date and Time: October 23, 2012, 10 a.m. — 12 p.m.
Place: Public Safety Education and Training Center, 6852 4th St., Sykesville, MD
Contact: Thomas C. Smith (410) 875-3605

[12-19-14]

BOARD OF MASTER ELECTRICIANS

Subject: Public Meeting
Date and Time: November 27, 2012, 10 a.m. — 12 p.m.
Place: 500 N. Calvert St., Rm. 302, Baltimore, MD
Contact: Gae Herzberger (410) 230-6163

[12-19-09]

STATEWIDE EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL (SEMSAC)

Subject: Public Meeting
Date and Time: October 4, 2012, 1 — 3 p.m.
Place: 653 W. Pratt St., Baltimore, MD
Add'l. Info: The State Emergency Medical Services Advisory Council meets regularly on the 1st Thursday of each month.
Contact: Leandrea Gilliam (410) 706-4449

[12-19-07]

EMERGENCY MEDICAL SERVICES BOARD

Subject: Public Meeting
Date and Time: October 9, 2012, 9 — 11 a.m.; part of the meeting may include a closed session.
Place: 653 W. Pratt St., Ste. 212, Baltimore, MD
Add'l. Info: The State Emergency Medical Services Board (EMS Board) meets regularly on the 2nd Tuesday of each month.
Contact: Leandrea Gilliam (410) 706-4449

[12-19-08]

BOARD FOR PROFESSIONAL ENGINEERS

Subject: Public Meeting
Date and Time: October 11, 2012, 9 a.m.
Place: 500 N. Calvert St., 3rd Fl. Conf. Rm., Baltimore, MD
Contact: Pamela J. Edwards (410) 230-6262

[12-19-32]

BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS

Subject: Public Meeting
Date and Time: October 3, 2012, 10 a.m. — 2 p.m.
Place: Howard Co. Bureau of Utilities Bldg., 8270 Montgomery Rd., Columbia, MD
Contact: James T. Merrow (410) 764-3512

[12-19-16]

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/MEDICAID PHARMACY AND THERAPEUTICS COMMITTEE

Subject: Public Meeting
Date and Time: November 8, 2012, 9 a.m. — 1 p.m.
Place: Conference Center at Sheppard Pratt Health System, Towson, MD
Add'l. Info: Meeting of the Maryland Medicaid Pharmacy Program's Pharmacy & Therapeutics Committee (Preferred Drug List). Classes of drugs to be reviewed are posted on the Maryland Pharmacy Program website at <http://mmcp.dhmdh.maryland.gov/pap/SitePages/Public%20Meeting%20Announcement%20and%20Procedures%20for%20Public%20Testimony.aspx>. See website for agenda, speaker registration, restrictions, and driving directions. Submit e-mail requests to speak and questions to dhmh.marylandpdlquestions@maryland.gov.
Contact: Alex Taylor (410) 767-5878

[12-19-13]

**BOARD OF HEATING,
VENTILATION, AIR-
CONDITIONING, AND
REFRIGERATION CONTRACTORS
(HVACR)**

Subject: Public Meeting
Date and Time: October 10, 2012, 9:30 a.m. — 12 p.m.
Place: 500 N. Calvert St., 3rd Fl. Conf. Rm., Baltimore, MD
Contact: Steve Smitson (410) 230-6169
[12-19-10]

**HOME IMPROVEMENT
COMMISSION**

Subject: Public Meeting
Date and Time: October 4, 2012, 10 a.m. — 12 p.m.
Place: 500 N. Calvert St., 2nd Fl. Conf. Rm., Baltimore, MD
Contact: Steven Smitson (410) 230-6169
[12-19-03]

**BOARD FOR PROFESSIONAL LAND
SURVEYORS**

Subject: Public Meeting
Date and Time: October 3, 2012, 10 a.m.
Place: 500 N. Calvert St., 3rd Fl. Conf. Rm., Baltimore, MD
Contact: Pamela J. Edwards (410) 230-6262
[12-19-31]

**MARYLAND HEALTH CARE
COMMISSION**

Subject: Public Meeting
Date and Time: October 18, 2012, 1 p.m.
Place: Maryland Health Care Commission, 4160 Patterson Ave., Conf. Rm. 100, Baltimore, MD
Contact: Valerie Wooding (410) 764-3460
[12-19-02]

**MINORITY BUSINESS ENTERPRISE
ADVISORY COMMITTEE**

Subject: Public Meeting
Date and Time: October 3, 2012, 8:30 a.m. — 5:30 p.m.
Place: Harry R. Hughes Dept. of Transportation Bldg., 7201 Corporate Center Dr., Hanover, MD
Contact: Pam Gregory (410) 865-1253
[12-19-05]

**BOARD OF EXAMINERS IN
OPTOMETRY**

Subject: Public Meeting
Date and Time: October 3, 2012, 9:30 — 11:30 a.m.
Place: 4201 Patterson Ave., Rm. No. TBD, Baltimore, MD
Add'l. Info: Health Occupations Article, Title 11, Annotated Code of Maryland, and COMAR 10.28, amendments, additions, and revisions may be discussed/voted on. Budget information may also be discussed. It may be necessary to go into executive session.
Contact: Kecia Dunham (410) 764-4710
[12-19-29]

BOARD OF PILOTS

Subject: Public Meeting
Date and Time: October 11, 2012, 9 a.m.
Place: 500 N. Calvert St., 2nd Fl. Conf. Rm., Baltimore, MD
Contact: Pamela J. Edwards (410) 230-6262
[12-19-34]

BOARD OF PILOTS

Subject: Public Meeting
Date and Time: October 12, 2012, 10 a.m.
Place: 500 N. Calvert St., 3rd Fl. Conf. Rm., Baltimore, MD
Contact: Pamela J. Edwards (410) 230-6262
[12-19-35]

POLICE TRAINING COMMISSION

Subject: Public Meeting
Date and Time: October 10, 2012, 10 a.m. — 12 p.m.
Place: Public Safety Education and Training Center, 6852 4th St., Sykesville, MD
Contact: Thomas C. Smith (410) 875-3605
[12-19-15]

BOARD OF PUBLIC ACCOUNTANCY

Subject: Public Meeting
Date and Time: October 2, 2012, 9 a.m. — 12 p.m.
Place: 500 N. Calvert St., 3rd Fl. Conf. Rm., Baltimore, MD
Contact: Dennis L. Gring (410) 230-6224
[12-19-22]

**COMMISSION OF REAL ESTATE
APPRAISERS AND HOME
INSPECTORS**

Subject: Public Meeting
Date and Time: October 9, 2012, 10:30 a.m. — 12 p.m.
Place: 500 N. Calvert St., Baltimore, MD
Contact: Patti Schott (410) 230-6165
[12-19-01]

**RETIREMENT AND PENSION
SYSTEM — BOARD OF TRUSTEES**

Subject: Public Meeting
Date and Time: October 16, 2012, 10 a.m.
Place: Sun Trust Bldg., 120 E. Baltimore St., 16th Fl. Boardroom, Baltimore, MD
Add'l. Info: Meeting date and location are subject to change. Anyone interested in attending should contact the MD Retirement Agency for confirmation. Please note, the meeting may include a closed session. Sign language interpreters and/or appropriate accommodation for qualified individuals with disabilities will be provided upon request; please call 410-625-5609 or 1-800-735-2258 TTY.
Contact: Patrice Sowah (410) 625-5609
[12-19-12]

**UNINSURED EMPLOYERS' FUND
BOARD**

Subject: Public Meeting
Date and Time: September 27, 2012, 10 a.m. — 12 p.m.
Place: 300 E. Joppa Rd., Ste. 402, Towson, MD
Add'l. Info: The Board may adjourn into executive session.
Contact: James Himes (410) 321-4136
[12-19-30]

BOARD OF WELL DRILLERS

Subject: Public Meeting
Date and Time: October 24, 2012, 9 a.m. — 4 p.m.
Place: MDE, 1800 Washington Blvd., Terra Conf. Rm., Baltimore, MD
Add'l. Info: A portion of this meeting may be held in closed session.
Contact: Willie Everett (410) 537-3644
[12-19-04]

**WORKERS' COMPENSATION
COMMISSION**

Subject: Public Meeting on Regulations
Date and Time: October 11, 2012, 9 — 11 a.m.
Place: 10 E. Baltimore St., 7th Fl., Baltimore, MD
Add'l. Info: Portions of this meeting may be held in closed session.
Contact: Amy Lackington (410) 864-5300
[12-19-06]

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- 07 Hospitals
- 08 Health Facilities Grants

Part 2

- 09 Medical Care Programs

Part 3

- 10 Laboratories
- 11 Maternal and Child Health
- 12 Adult Health
- 13 Drugs
- 14 Cancer Control
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- 19 Dangerous Devices and Substances
- 20 Kidney Disease Program
- 21 Mental Hygiene Regulations
- 22 Developmental Disabilities

Part 4

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- 24 Maryland Health Care Commission
- 25 Maryland Health Care Commission
- 26 Board of Acupuncture
- 27 Board of Nursing
- 28 Board of Examiners in Optometry
- 29 Board of Morticians and Funeral Directors
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- 33 Board of Examiners of Nursing Home Administrators
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- 37 Health Services Cost Review Commission
- 38 Board of Physical Therapy Examiners
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- 46 Board of Occupational Therapy Practice
- 47 Alcohol and Drug Abuse Administration
- 48 Child Abuse and Neglect Medical Reimbursement Program
- 49 State Anatomy Board
- 50 Tissue Banks
- 51 Vacant
- 52 Preventive Medicine
- 53 Board of Nursing—Electrology Practice Committee
- 54 Special Supplemental Nutrition Program for Women,
Infants, and Children (WIC)
- 55 State Board of Spinal Cord Injury Research
- 56 Board of Dietetic Practice
- 57 Board for Certification of Residential Child Care Program
Professionals
- 58 Board of Professional Counselors and Therapists
- 59 Catastrophic Health Emergencies

Title 11

Department of Transportation – Volume & Subtitles

Volume 1

- 01 Office of the Secretary
 - 02 Transportation Service Human Resources System
 - 03 Maryland Aviation Administration
 - 04 State Highway Administration
 - 05 Maryland Port Administration
 - 06 Mass Transit Administration
 - 07 Maryland Transportation Authority
 - 08 Vacant
 - 09 Vacant
 - 10 Vacant
- #### Volume 2 and Volume 3
- 11 Motor Vehicle Administration – Administrative Procedures
 - 12 MVA – Licensing of Businesses and Occupations
 - 13 MVA – Vehicle Equipment
 - 14 MVA – Vehicle Inspections
 - 15 MVA – Vehicle Registration
 - 16 MVA – Vehicle Operations
 - 17 MVA – Driver Licensing and Identification Documents
 - 18 MVA – Financial Responsibility Requirements
 - 19 MVA – School Vehicles
 - 20 MVA – Motorcycle Safety Program
 - 21 MVA – Commercial Motor Vehicles
 - 22 MVA – Preventive Maintenance Program
 - 23 MVA – Drivers' Schools, Instructors, Driver Education Program

Title 26

Department of the Environment – Part & Subtitles

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- 01 General Provisions
- 02 Occupational, Industrial, and Residential Hazards
- 03 Water Supply, Sewerage, Solid Waste, and Pollution Control
Planning and Funding
- 04 Regulation of Water Supply, Sewage Disposal, and Solid Waste
- 05 Board of Well Drillers
- 06 Waterworks and Waste Systems Operators
- 07 Board of Environmental Sanitarians

Part 2

- 08 Water Pollution
- 09 Maryland CO₂ Budget Trading Program
- 10 Oil Pollution and Tank Management
- 11 Air Quality
- 12 Radiation Management

Part 3

- 13 Disposal of Controlled Hazardous Substances
- 14 Hazardous Substance Response Plan
- 15 Disposal of Controlled Hazardous Substances —
Radioactive Hazardous Substances
- 16 Lead
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Part 4

- 19 Oil and Gas Resources
- 20 Surface Coal Mining and Reclamation under
Federally Approved Program
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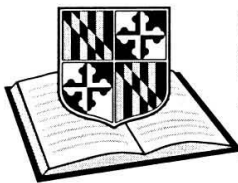
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