OPERATIONS — Office of Regulation and Policy Coordination (ORPC)

DHMH POLICY 02.10.02
Version Effective: April 7, 2016

POLICY ON POLICIES

I.   EXECUTIVE SUMMARY

The purpose of this policy is to set forth a process for policy / procedure development, to define what is meant by the term "policy", to establish a format for policies and procedures, and to distinguish the differences between a guideline, protocol, or standard and a policy.

DHMH policies are tools used to guide employees in the performance of their work, enabling them to achieve a desired set of outcomes. DHMH procedures are instructions on what to do, and how to do it, in order to achieve those outcomes. Policies are also tools of management, used to guide operations in accordance with the policy statements. Both policies and procedures must undergo a formal development and review process, and require the Secretary's approval. DHMH policies and procedures have the benefits of being applicable Department-wide to all DHMH employees; of being recognized as the official Departmental position on an issue as approved by the Secretary; and of being easy to understand, concise, user-friendly, and written in plain-English.

II.   BACKGROUND

Before 1980, written policy development within the Department was limited to mostly administrative concerns. After 1980, Policy DHMH 2070 -The Development of Management Policy was adopted to help set clear objectives, delegate authority to make decisions consistent with those objectives, and to hold managers accountable for timely results. That policy concentrated on development of paper documents with little consideration of computer technology, and when evaluated in 1998, was determined to be no longer necessary.

In 2003, concern about management of and distinction between internal guidelines, protocols, and standards and the Departmental policies and procedures, however, had prompted a need for the reinstatement and updating of this subject. In contrast to the earlier policy's focus on paper documents, the 2003 version was developed to meet the needs of organizations utilizing electronic communication systems.

Changes to this version, effective April 7, 2016, include recodifying the policy from DHMH Policy 02.10.03 to DHMH Policy 02.10.02, deleting the requirement that a Notice of Policy Development form be submitted before submission of a change or a new policy/procedure and simplifies the internal review process to more accurately reflect current practice. This version also contains routine updates, such as correcting hyperlinks and title names.

III.   POLICY STATEMENTS

A.   DEFINITIONS

1.   "**Guidelines, protocols, and standards**" means documents that are plans of action and/or decision making to be used underlined internally by a component of DHMH. These documents may not apply to all DHMH employees, but those employees who are under the authority of the supervisor who authorized the documents, or those who are using the services provided by that unit, e.g., guidelines for completing an application, lab test protocols, accounting standards.

2.   **"Non-substantive changes" means** policy/procedure edits which are not intended to change the meaning of the policy but are necessary for correctness, accuracy, organization, consistency, and usefulness including changing the software application (MS-Word, Adobe PDF, HTML), the format (margins, indents, bullets, etc), fonts (Arial, caps, bold), punctuation, spelling, paragraph and outline numbering, pagination, hypertext links, and reference citations.

3.   **"Policy"** means a plan of action and/or decision-making to be used by DHMH employees and management when encountering certain issues or conditions that are of such significance that a desired outcome has been prescribed. A policy may be developed without developing an accompanying procedure.

4.   **"Procedure"** means a step-by-step process of interactions between designated individuals (actors) for the purposes of carrying out a DHMH policy. Procedures are developed when a policy requires clarification or instructions for compliance.

5.   **"Responsible Unit"** means the component within DHMH that has the lead for facilitating and/or monitoring the actions outlined in a specific policy or procedure.

B.   GENERAL POLICY STATEMENTS

1.   POLICIES AND PROCEDURES – GENERAL

a.   Under Health General Article, §2-102, Annotated Code of Maryland, the Secretary is responsible for the operation of the Department. DHMH policies and procedures are established under the authority of the Secretary to promote the orderly and efficient administration of the Department. DHMH policies and procedures are tools for employees and supervisors to use to obtain the Department's desired results.

b.   Unlike laws and regulations, DHMH policies and procedures do not require legislative review. Unlike guidelines, protocols or standards, DHMH policies and procedures require the signature of approval of the Secretary, and may be applicable to any or all DHMH programs, employees, agents, grantees, contractors, etc. In recognition of the need for flexibility and

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accommodation of extenuating circumstances, individuals or DHMH components may request a waiver from a policy or procedure.

c.　　　DHMH policies and procedures are to be user-friendly, written in plain English, and contain only minimum essential technical, medical, legal or scientific terminology. Older policies are to be screened and revised to comply with this requirement.   Whenever legal, scientific or technical terminology is required, a plain-English paraphrase will also be provided.

d.　　　The Program Director of the DHMH unit primarily responsible for the subject of the policy is also responsible for developing the draft policy/ procedure document or amending an existing policy/ procedure and for submitting it to the Office of Regulations and Policy Coordination (ORPC) Director in electronic format.

2.　　　POLICIES AND PROCEDURES – DEVELOPMENT

a.　　**General.**

i.　　　Is the subject of the proposed policy one that affects programs or employees of more than one Administration? Does the policy issue require the authority and approval of the Secretary in order to be effective? Is a formal policy necessary to assure compliance or protect the liability of the Department? If the answer to one or more of these questions is "yes", a policy should be developed by the unit that is primarily responsible for the subject matter.

ii.　　　In developing a DHMH policy, consideration should be given to comparable policies in other Maryland agencies, other states, or other government units. A search of the Maryland Annotated Code, COMAR, and other internet resources would typically be accomplished during the development stage.

iii.　　　Because the law and regulations governing the Department are continually undergoing modification, there is a need to maintain our policies with the latest references, hypertext links, and management decisions. Whenever possible, the policy should link to sites containing information that changes periodically, such as due dates, rates, fees, names and phone numbers, thus reducing the need to update the policy.

iv.　　　The responsible unit will provide the necessary policy research including all relevant hypertext links and reference citations, especially the relevant Annotated Code and COMAR links.

b.　　**Federal, State and Local Authority**

i.　　　Because a significant portion of DHMH activity includes

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management and operation of Federal programs, the Department and its employees are required to comply with Federal guidelines. Except where State, local or DHMH guidelines are stricter, more inclusive, or specifically override Federal guidelines, employees are expected to defer to and comply with State or Federal program requirements.

ii.   DHMH policies are not required if the Department's position is in agreement with a State or Federal policy, but policies may be developed to supplement, augment, or implement State or Federal guidelines when significant issues need to be addressed. If conflicts are noted, they are to be brought to the attention of the responsible unit and the ORPC Director.

EXCEPTIONS:	All directives are subject to ongoing revision, so if and when conflicts or discrepancies are noted, consideration will generally be weighted in favor of the one that is most current or to the higher level of authority. In either case, however, exceptions to the general rule may be called for by the responsible Program Director.

c.   **Legal Review**

i.   Since there is a need to assure that the rights of the citizens of Maryland are safeguarded; that the Department and its employees are protected; and, that inadvertent conflicts with the law, COMAR, or other directives are avoided, all DHMH policies and procedures are to be developed in consultation with staff of the Office of the Attorney General.

ii.   If legal questions are raised during the review process [see Section III B.6(b)], the questions and/or the policy will be referred back to the reviewing attorney for resolution before proceeding.

3.   FORMATTING FOR A NEW POLICY

a.   **General Formatting.**

i.   Use 8 ½" x 11" paper, portrait view, with .5" margins on top/ bottom, and 1" on left /right margins.

ii.   The first page will include a standard policy header and footer.

iii.   On subsequent pages, the format for policies will include a standard header and a footer on each page.

1)   **Header Sample**:

DHMH POLICY (Number)	**TITLE**
Program (Underlined)	

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2)   **Footer: Sample**:

Underline)_____

This version (effective date) supersedes version (date)   **Page ___ of ___.**

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b.   **Style Standards:**

i.   Fonts **–** The standard font will be Arial 11-point-regular, with variations used by the ORPC Director for emphasis and convenience, as needed.

ii.   Style standards do not apply to addenda and attachments.

c.   All policies **must** contain the following sections:

i.   **Executive Summary** – Usually written last, this is a concise but general synopsis of the contents of the background and policy statement sections. All significant issues addressed in the policy are to be mentioned here, but also need to be addressed in detail in the Policy Statements section. [Text Format].

ii.   **Background** –This is the history of the policy, to include mention of the DHMH policy being superseded, if applicable. Federal law and the Maryland Annotated Code, COMAR, Executive Orders and other applicable State agency directives are to be acknowledged. When updating a policy, the Background section should also state what is different in this policy version from earlier versions. [Text Format]

iii.   **Policy Statements** - An organized, hierarchic listing of definitions, roles and responsibilities, principles, instructions, processes, considerations, standards, or other components of a plan to deal with the issue. [Outline Format] [Progression: **I, A,** 1, a, i, 1), a), i), (1), (a)]

iv.   **References** - A bulleted, alphabetical listing of laws, COMAR, publications, and information resources from which the policy is derived, or that are cited in the policy, with brief descriptions. Hypertext links to online references are to be included whenever available.

v.   **(Optional) Addenda, Exhibits, Appendix, etc.**

1)   Essential supplementary data, forms, tables, listings, spreadsheets, letters and other documents which support the policy statements and which are placed at the end to maintain the continuity of the policy statements.

2)   Other directives, laws, regulations, glossaries,

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dictionaries, etc. are not to be included in text as part of the policy, but may be incorporated by reference, and electronically connected by hypertext links.

d.   Policies must be kept brief and user-friendly, but may be incorporated into comprehensive DHMH manuals or handbooks, such as new employees' handbooks. Care must be taken by the responsible unit to assure that the policies so incorporated are kept up to date.

e.   Program Directors may issue guidelines or protocols that link to DHMH policies for user convenience, but are not to post any separate copies of DHMH policies on web sites. This requirement is necessary to ensure that obsolete copies of policies are not left online, and are not confused with the official versions.

f.   **Content and Vocabulary**

i.   DHMH policies are intended to be user-friendly, and therefore, need to be easily understood and usable by all affected DHMH employees.

1)   To the extent possible, DHMH policies are to be written in plain English, with minimal legal, medical, scientific, technical, or foreign expressions.

2)   Whenever legal, scientific or technical terminology is essential, a plain-English paraphrase will be provided.

3)   Both vocabulary and word meanings are to be consistent with other DHMH policies, unless a special definition is needed and a new meaning is emphasized.

4)   Common acronyms (such as DHMH) may be used for brevity purposes, if first printed in full, and if not used repeatedly with other acronyms.

ii.   Policy titles, especially, are to be succinct and descriptive, clearly indicating the explicit subject and scope of the policy at a glance, without elaborate and detailed delineation or qualification.

iii.   In determining the level of detail of a policy or procedure, consideration must be given to which employees will be the end-users, their expected level of expertise with the subject matter, and what they will need to know to carry out the policy. Detailed, technical, or complicated instructions may better be conveyed through non-policy directives such as protocols, manuals, etc.

iv.   Procedures, rather than policies, are to be used to provide detailed interaction.

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v.   Terms that have special meanings are to be defined in Section III-A DEFINITIONS, but only include essential terms.

vi.   Definitions will be arranged in alphabetical order.

4.   FORMATTING FOR NEW PROCEDURES

a.   **General Formatting.**

i.   Use 8 ½" x 11" paper, portrait view, with .5' margins on top/ bottom, and 1" on left /right margins.

ii.   On subsequent pages, the format for procedures will include a standard header and a footer on each page.

1)   **Header Sample**:

DHMH PROCEDURE (Number) **TITLE**	
Program_ (Underline)	

2)   **Footer Sample**:

Underline)_____	
This version (effective date) supersedes version (date) Page ___ of ___.	

b.   **Style Standards:** The standard font used will be Arial 11-point regular, with variations for convenience and emphasis at the discretion of the ORPC Director.

c.   **Required Sections**

i.   All procedures will contain the following two sections formatted in two columns, like a script:

1)   First Column, **ACTOR**, person responsible for the action to be taken.

2)   Second Column, **ACTION STEPS**, The act to be performed by the responsible person/administration. (Text)

ii.   Each step is in chronological sequence.

iii.   A new sequential item number is listed whenever a different actor performs the next action required.

5.   FORMATTING REVISIONS FOR EXISTING POLICIES AND PROCEDURES

When changes need to be made to an existing policy /procedure, the

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initiating unit will show these amendments using Track Changes in a WORD version of the current policy.

6.   POLICIES AND PROCEDURES - NUMBERING PROTOCOL

a.   New policy numbers consist of three sets of two digit numbers separated by periods, as follows:

.   i.   The first set of numbers indicates the Deputy Secretariat:
01-Office of the Secretary
02-Operations
03-Public Health, and
04-Medical Care Programs

ii.   The second pair of digits refers to the Office, Program, or Administration. This results in similar subjects being grouped together.

iii.   The third set of numbers is a sequential identifier, to differentiate policies within an administration.

b.   Procedures have an additional period, letter "P", and a sequential procedure number following the relevant policy number (xx.xx.xx.P1, etc.)

7.   POLICIES AND PROCEDURES- PROCESSING

a.   **Initial Review**

i.   The initiating unit will submit electronically a preliminary draft of the proposed new or amended policy / procedure, along with a completed signature sheet indicating approval through their Deputy Secretary, to the ORPC Director who will assign a policy number and review the document.

ii.   After initial review, the ORPC Director may recommend changes and return the document to the initiating unit for review. The initiating unit's representative and the ORPC Director will work collaboratively to facilitate and expedite policy development. Once agreement has been reached on the content and format of the policy/procedure, the ORPC Director will begin the review and approval process.

b.   **Legal Review.**

The ORPC Director will email a copy of the document to the OAG for review as to legal sufficiency.

i.   If the OAG concurs, the OAG will sign off on the signature sheet and email back to the ORPC Director.

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    ii. If the OAG recommends any changes, the initiating unit will make the requested changes and submit the revised policy /procedure back to the ORPC Director.

    iii. If the changes that the OAG recommends are substantive, the initiating unit will also submit a new signature sheet indicating approval through their Deputy Secretary of the revised document.

  c. **Internal Review and Comment Process.**

    i. **E-Mail Review.** Copies of the latest draft will be e-mailed to Senior Staff and to all DHMH employees affected by the policy /procedure with a request for comments and suggestions to be submitted generally within a week, with absence of response/comments indicating approval.

    ii. **Routine Update Review**- For policies that are being revised but do not include major differences from the current policy, review/approval requirements shall be limited to the initiating unit's director, attorney, and Deputy Secretary before being submitted to the Secretary for signing.

  d. **Review Comments and the Revision Process**

    i. The ORPC Director will forward substantive comments and issues raised by reviewing authorities to the initiating unit and/ or the reviewing attorney who shall respond to the comments in writing or e-mail, and copy the ORPC Director on the responses.

    ii. If substantive changes are made, a new signature sheet will be required to confirm agreement of the initiating unit and their OAG and Deputy Secretary.

    iii. To facilitate processing, the ORPC Director may make non-substantive, grammatical, or organizational changes to the policy, as needed, at any stage of policy development.

    iv. The ORPC Director will submit the final, completed signature sheet, any comments/responses received, and the revised policy /procedure to the Secretary for review and approval.

  e. **Tracking System**

    The ORPC Director, in order to monitor the location and status of each policy folder particularly during the review process, will use an internal tracking system that indicates location and past-due responses.

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f.   **Current Policy List**

i.   A list of current DHMH policies will be found on the DHMH website Policy Page.

ii.   A cross-reference list of old policy numbers to new policy numbers will be maintained by the ORPC Director.

8.   **POLICIES AND PROCEDURES-IMPLEMENTATION**

a.   **Distribution**

i.   **Electronic**

1)   **Conversion to HTML / PDF**

a)   After the Secretary has approved the original policy / procedure, the final version will be dated and electronically signed.

b)   The policy/procedure will be converted to Adobe PDF, proofread, and then placed on the DHMH Policy Page.

2)   Once the policy has been placed on the policy web page, an e-mail notification will be sent to Senior Staff and to all affected DHMH employees with a hypertext link to the online policy and an attached copy of the final policy.

ii.   **Paper (Hard) Copies.** A paper copy of the final policy will be kept in the DHMH Policy Manual which is maintained by the ORPC Director.

b.   The original document, all subsequent versions, the signature sheets, comments and responses, and the final approved and signed document will be kept as a permanent record by the ORPC Director.

9.   **POLICIES & PROCEDURES-COMPLIANCE AND ENFORCEMENT**

a.   **DHMH Employees' Responsibility**

i.   The DHMH policies and procedures are guidance documents for DHMH employees to enable them to accomplish desired outcomes in the course of the performance of their duties.

ii.   All DHMH employees are responsible for maintaining awareness and familiarity with the policies and procedures that affect their job performance, and to comply with them.

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b.   **Supervisors' Responsibility**

i.   DHMH Policies are also guidance for supervisors, providing authority for management and designating responsibility. Supervisors are responsible for making their employees aware of applicable policies and procedures.

ii.   Supervisor's evaluation of employee performance (PEP) should include the application of and compliance with DHMH policies and procedures.

c.   **Inspector General / Internal Auditor's Roles**

i.   The Office of the Inspector General's responsibilities include monitoring DHMH units' compliance with policies and procedures, as well as related State and Federal laws and regulations.

ii.   As one criterion of the audit process, the DHMH Auditors will monitor adherence to policies and procedures by those DHMH units being audited and note discrepancies that are to be corrected in their audit reports.

d.   **Waivers and Variances**

i.   DHMH policies and procedures are intended to cover general situations, and management recognizes that exceptional conditions may arise which require variances or waivers for individuals or units.

ii.   A variance is permission to bypass or modify certain parameters or standards, and a waiver exempts individuals or units from the requirements of the policy.

iii.   A request for a policy waiver or variance is to be submitted in writing or e-mail to the ORPC Director citing the justification for the action and how the waiver / variance would be in the best interest of DHMH.
iv.   Requests for waiver or variance with merit will be forwarded through the relevant program director and Deputy Secretary to the Secretary for consideration.

10.   **GUIDELINES, PROTOCOLS, AND STANDARDS**

a.   Guidelines, protocols, and standards are tools for employees to use to carry out a specific aspect of a program's function. Some common examples of non-policy guidelines are testing protocols, directions for completing forms, and admissions processing procedures.

b.   These directives are established internally by the supervisor of the affected program. The Secretary's approval is not required on these

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documents since they are applicable only to the operation of specific program.
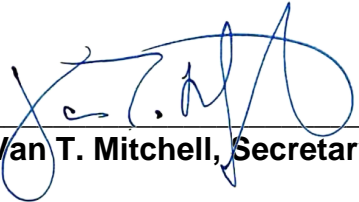
c.   Guidelines, protocols, and standards may be in any format approved by the initiating program, and may include other State or Federal directives applicable to that function.

d.   If the guideline, protocol, or standard extends to units or functions outside the responsible unit, placing requirements on other programs and their employees then a policy is required, including the approval of the Secretary, and the document is be developed as stipulated in this policy.

IV.   REFERENCE

▪   Health General Article, Maryland Annotated Code, §2-102 (b) (2)
http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg&section=2-102&ext=html&session=2016RS&tab=subject5

▪   DHMH Policy Page
http://dhmh.maryland.gov/Pages/op02.aspx

APPROVED:

_____   **April 7, 2016**
Van T. Mitchell, Secretary   **Effective Date**

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