May 14, 2012

DHMH Task Force on Regulatory Efficiency, Final Report

Regulatory Proposals Included in Governor's Executive Order

Area	Proposal #	Proposal	Plan	Benefits of Reform
Long Term Care	1	Update Maryland's regulatory definitions for nursing homes to reflect the national implementation of new person-centered standard care assessments.	Update Maryland's regulatory definitions for nursing homes to reflect changes in federal standards.	Brings Maryland's regulations in line with national trends in new healthcare initiatives.
Long Term Care	2	Allow resident discretion regarding notification of family members in care planning conferences.	Nursing home regulations regarding the notification of family members in resident care plan conferences will be updated to promote greater resident choice and autonomy while also encouraging the participation of resident family members, based on resident consent.	Increases residents' opportunity for choice.
Long Term Care	4	Clarify that nurses may re-use or re-package medications under appropriate circumstances.	Regulations will clarify that nurses at skilled nursing homes are permitted to re-package or re-use medications under appropriate circumstances.	Clarifies procedures and policies.
Long Term Care	7	Reduce notification requirements for admission of patients with communicable diseases.	The Department will review the list of communicable diseases and the notification requirements for the admission/discharge of residents at nursing homes with communicable diseases. This will enable sensible discretion for nursing homes regarding when the Department should be notified that residents have a communicable disease.	Updates Maryland regulations to be consistent with current standard practices and could allow for more patients to receive proper care.
Long Term Care	9	Waive DHMH approval for construction of new nursing facilities.	The construction of new nursing homes should not require the approval of DHMH. Existing certificate-of-need requirements are sufficient and will be maintained.	Repeals an unnecessary burden for approval.
Long Term Care	11	Modify requirements regarding the distance between beds.	Regulations will be changed to allow greater resident choice in location of beds while ensuring compliance with clinical standards.	Increases residents' opportunity for choice.
Long Term Care	12	Simplify requirements for hot water bottles and ice caps.	Regulations will be updated to anticipate new technology and be maintained for traditional hot water bottles and ice caps.	Updates Maryland regulations to be consistent with current technology.
Long Term Care	15	Utilize electronic medical record systems and electronic signatures.	Regulations will be amended to reflect the use of electronic medical record systems and encourage the use of electronic signatures.	These changes will result in a cost savings in health care and an improvement in the quality of care.
Long Term Care	16	Utilize electronic patient health records.	Regulations will be amended to reflect and encourage the use of electronic patient health records at nursing homes.	These changes will result in a cost savings in health care and an improvement in the quality of care.

Page Two- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Included in Governor's Executive Order

Area	Proposal #	Proposal	Plan	Benefits of Reform
Long Term Care	17	Allow the use of wireless call bell systems, instead of hard wired systems, at nursing homes.	Regulations will be amended to encourage innovation and the use of newer technologies at nursing homes to promote patient safety.	Updates Maryland regulations to be consistent with current technology.
Long Term Care	18	Facilitate resident self-administration of medications.	Nursing home regulations will be updated to facilitate resident self-administration of medications to promote resident choice and independence, under appropriate circumstances.	Increases resident independence.
Long Term Care	19	Enable opposite-sex siblings to share the same room.	Promote resident choice at nursing homes.	Increases resident's opportunity for choice and a nursing home's flexibility in placing patients.
Long Term Care	20	Permit residents to bring their own furnishings to nursing homes.	Regulations will be updated to enable nursing home residents to bring their own furnishings, while also ensuring appropriate standards for the storing of surplus furniture, infection control, and resident safety.	Increases residents' opportunity for choice
Long Term Care	21	Accommodate various dining styles at nursing homes.	Update regulations to accommodate variety in dining styles and preferences as well as person-centered care in terms of frequency, quality, and timing of meals.	Increases residents' opportunity for choice and flexibility for nursing homes in providing these services.
Assisted Living	22	Adjust first aid training requirements for qualifications of employees of assisted living facilities.	Assisted living regulations will be updated to relax this requirement, and instead require first aid training at least every two years.	Coordinates CPR and First aid training that are historically offered at the same time.
Assisted Living	26	Update the requirement that assisted living residents' emergency medical face sheet be reviewed monthly.	Regulations will be updated to relax this requirement, and instead will require a quarterly review. This will enable staff to provide greater emphasis on direct resident care.	Simplifies compliance with basic regulation.
Mental Health	31	Eliminate the requirement that therapeutic group homes send discharge letters to Core Service Agencies.	Regulations will be updated to clarify the appropriate circumstances when Core Service Agencies should be notified when youth are discharged from therapeutic group homes.	Notification of CSAs in cases of discharges that are not anticipated will enhance the collaborative treatment planning process. When CSAs are not the lead agency and discharge is not unexpected and there is no critical incident, CSA notification is not necessary. The requirement, therefore, does not apply when the specific conditions are not met.

Page Three- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Included in Governor's Executive Order

Area	Proposal #	Proposal	Plan	Benefits of Reform
Mental Health	32	Articulates the standards to be met and maintained by residential child care programs, to protect the health, safety, and well-being of children placed in residential child care programs.	Revise chapter. Department of Human Resources is the lead.	Updating the regulations to reflect changes in agency structures/processes and technology since the regulations were revised and recodified in 2005 will provide clarity for residential child care programs.
Mental Health	34	Eliminate the requirement that a child must demonstrate sufficient cognitive ability in order to be admitted to a therapeutic group home.	Regulations will be updated to provide appropriate admissions criteria on the part of therapeutic group homes, while also ensuring the program will meet the clinical needs of the child and maintaining the safety of other children in the program.	The change in regulations will clarify the standards for admission and allow flexibility for the homes.
Mental Health	37	Adjust the requirement that therapeutic group homes invite the participation and consent of family members when developing and implementing the child's individualized treatment plan (ITP).	Regulations will be updated to require therapeutic group homes to obtain the signatures of parents/guardians regarding the individualized treatment plan and document these efforts.	Allows some flexibility for the treatment provider in the event a parent/family member/guardian is not able or willing to participate in the development of the initial ITP or ITP reviews.
Mental Health	40	Add the term "Program Administrator" in regulations of therapeutic group homes.	Regulations will be adjusted to reflect new staff roles and responsibilities at therapeutic group homes. Regulations will be amended to recognize a "Program Administrator," who is designated by the governing board of the therapeutic group home as having day-to-day responsibility for the overall administration and operation of the program and for assuring the care, treatment, safety, and protection of the children and performs similar duties as a Chief Executive Officer of the facility.	This proposal gives providers an additional option in administering a program and brings it in line with regulations promulgated by the Governor's Office for Children.
Mental Health	42	Add the term "placement agency" to the list of entities recognized as primary caretakers	Regulations pertaining to the placement of youth in therapeutic group homes will be updated to reflect that many youth are committed to the Department of Social Services, and in these instances, DSS placement workers may be considered "primary caretakers."	This allows placement agencies to act on behalf of a child where a primary caretaker is not available.
Mental Health	45	Clarify that ensuring staff compliance with credentialing and privileging are the responsibilities of the CEO, and as such, the CEO does not need to collaborate with the clinical coordinator on these issues.	Regulations of community mental health providers will be updated to clarify that CEO's are responsible for ensuring staff compliance with credentialing and privileging.	Clarifies that credentialing and privileging of staff is the responsibility of the CEO, which will eliminate the need for the clinical coordinator to be involved with higher management responsibilities.
Mental Health	48	Clarify that the responsibility for maintenance of the therapeutic mileu is the responsibility of the program coordinator, not clinical coordinator.	Regulations will be updated to ensure that a licensed mental health professional is ultimately responsible for maintenance of the therapeutic mileu. If the program coordinator meets this requirement, then he/she may be responsible. Updating this regulation will provide community mental health programs with more flexibility to meet this regulatory standard.	The management of the therapeutic milieu of the TGH must be carried out by a mental health professional. To allow for flexibility, if the CEO isn't a licensed mental health professional, and the CEO does not want the clinical coordinator to be responsible for the therapeutic milieu, the program may hire another mental health professional as a program coordinator to manage the therapeutic milieu.

Page Four- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Included in Governor's Executive Order

Area	Proposal #	Proposal	Plan	Benefits of Reform
Mental Health	56	Eliminate the requirement that a mental health professional serve as program director of community mental health programs such as Mobile Treatment Teams, Assertive Community Treatment Teams, and Psychiatric Rehabilitation Programs.	Regulations will be updated to provide greater flexibility and discretion on the part of community mental health programs, while also maintaining the need to require the appropriate role and supervision of a licensed mental health professional.	Provides greater professional judgment for community mental health programs.
Mental Health	58	Eliminate the requirement that staff of outpatient mental health clinics be required to sign each progress note of consumers.	This regulation will be updated to relax this requirement and permit the electronic use of signatures.	Brings current the use of electronic signatures on contact notes or monthly summary notes, which will ease the burden placed on staff providing mental health treatment.
Developmental Disabilities	64	Update licensing regulations of developmental disabilities provides to distinguish between programs that serve adults and programs that serve adolescents.	Regulations will be updated to distinguish between adult and adolescent programs, to reflect the different nature of these two types of programs.	This reform would allow the Governor's Office of Children, the funding program of services for children, to take ownership of regulations governing their program.
Developmental Disabilities	66	Clarify the Developmental Disabilities Administration provider payment system regulations by replacing the term "prospective payment system" with "fee payment system."	Updating the regulations will reflect the current payment structure of developmental disabilities providers.	This reform removes and clarifies inconsistent terminology currently used within the DDA regulations.
Developmental Disabilities	68	Encourage providers to maintain records electronically and update these records on a quarterly basis.	Regulations will be updated to allow and encourage the use of electronic copies of patient records and reports by community supported living arrangement providers.	This reform would allow providers to keep their records electronically and would facilitate easier access to necessary information.
Substance Abuse	73	Require that substance abuse treatment plans in opioid maintenance therapy by updated only every 180 days after the first year, rather than every 90 days as is required.	Regulations will be updated to reflect that opioid maintenance therapy is a long-term program. When the patient demonstrates stability in the recovery phase, the requirement that treatment programs update patient treatment plans every 90 days will be relaxed.	This proposed reform would allow more time for clinicians to provide needed treatment service to patients. It is a more cost effective and efficient way to provide treatment services.

May 14, 2012

DHMH Task Force on Regulatory Efficiency, Final Report

Regulatory Proposals To be Implemented by DHMH

Area	Proposal #	Proposal	Plan	Benefits of Reform
Long Term Care	5	Permit the return of unused medications.	Updating regulations will enable the appropriate return and re-use medications and may help reduce pharmacy costs at nursing homes.	Reusing medications in an appropriate manner will reduce costs.
Substance Abuse	72	Require providers to report discharge information in SMART.	Regulations for substance abuse treatment providers will be updated to ensure that the information that is required to be reported to the state is consistent with the information that is reported in SMART, the state's electronic reporting system.	Aligning the information required to be reported in both the discharge summary and SMART will provide greater efficiency for the provider.

May 14, 2012

DHMH Task Force on Regulatory Efficiency, Final Report

Regulatory Proposals Requiring Additional Review

Area	Proposal #	Proposal	Plan	Benefits of Reform
Assited Living	24	Update service plan requirements of assisted living providers to reflect the Nurse Practice Act.	Regulations will be update to relax the reporting requirements and reflect the current implementation of nursing assessments in assisted living providers.	Better reflects the requirements and promote consistentcy with the Nurse Practice Act.
Adult Medical Day Care	28	Remove the requirement that adult medical day care programs maintain separate transportation records.	Regulations will be updated to ensure that maintenance of client transportation records are consistent with federal Medicaid requirements.	Removes requirements that are unecessary and do not provide a benefit for the consumer or provider.
Mental Health	38	Eliminate the requirement that therapeutic group homes develop initial individualized treatment plans and instead focus on the development and implementation of the child's individualized treatment plan.	Regulations will be updated to clarify the scope of the initial individualized treatment plans and when the initial plan must be completed.	Alleviates a burden on the providers while maintaining proper clinical treatment of the consumer.
Mental Health	39	Eliminate the requirement that therapeutic group home staff record the child's progress note every two weeks.	Regulations will be updated to require that progress notes are updated on a monthly basis, not every two weeks. Therapeutic group home staff will be required to report serious incidents and document when these occur.	Alleviates a burden on the providers while maintaining proper oversight of the facility and the treatment of the consumer.
Mental Health	41	Recognize that psychiatric nurse practitioners perform many duties similar to psychiatrists in therapeutic group home settings.	Regulations will be updated to clarify that psychiatric nurse practitioners are permitted to perform duties under their appropriate scope of practice as determined by the Board of Nursing. For child practices, nurse practitioners will be required to demonstrate specific training in the diagnosis and treatment of childhood mental disorders and/or an active supervisory relationship with a child psychiatrist.	Increases the workforce available to treat this population and maintain adequate safeguards for providers remaining within their scope of practice.
Mental Health	50	Streamline the application process for community mental health providers.	Regulations will be updated to enable providers with programs serving multiple sites to submit a single application to the Department. Providers will be required to document the specific services provided at each site, as well as ownership and leadership of each provider type, in this single application.	Streamlines the administrative requirements on providers.

Page Two- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Requiring Additional Review

Area	Proposal #	Proposal	Plan	Benefits of Reform
Mental Health	52	Streamline the licensing review process for community mental health providers by utilizing ten critical indicators to evaluate the overall health, safety, and well-being of service recipients	A work group comprised of community mental health providers, the Office of Health Care Quality, Mental Hygiene Administration, and Attorney General's office will be convened to develop the list of ten critical indicators.	Streamlining the licensing review process should be pursued but must be balanced with proper oversight. The workgroup will examine these issues and report back.
Mental Health	53	Streamline regulatory compliance visits conducted by multiple divisions of the Department.	The current numbers of visits and purposes of visits of reviewing agencies will be reviewed to determine whether there is duplication.	Streamlining the regulatory compliance visit process should be pursued but must be balanced with proper oversight. The Department will examine these issues and report back.
Substance Abuse	70	Create unique service regulations for co-occurring treatment programs in outpatient settings.	Regulations are currently being developed for co-occurring treatment programs as part of ongoing efforts to re-design Maryland's behavioral health system. A workgroup is currently meeting to develop a proposal.	A single set a behavioral health regulations will benefit providers and consumers in providing for the treatment of the entire individual.
Substance Abuse	71	Amend the time frames for completion of certain clinical tasks of substance abuse treatment providers.	Regulations will be updated to adjust requirements for when an initial assessment and individual treatment plan must be completed by substance abuse treatment programs. The new regulations will reflect standards in place for mental health programs, namely that the initial assessment be performed by the consumer's second visit and the individual treatment plan be completed by the consumer's fourth visit.	Regulations will be more consistent with inititial assessments conducted by mental health providers.

May 14, 2012

DHMH Task Force on Regulatory Efficiency, Final Report

Regulatory Proposals Declined by DHMH

Area	Proposal #	Proposal	Reason for Declination
Long Term Care	3	Make the role of the Director of Nursing optional.	The role of the Director of Nursing is a pivotal role at a nursing facility, and his/her duties need to be clearly spelled out in regulation. In addition, regulations also allow the Director of Nursing to delegate certain duties, where appropriate.
Long Term Care	6	Enable nursing homes to increase bed capacity in times of an emergency without getting prior approval from the Department.	The Office of Health Care Quality now has an emergency response team available 24/7 to address these requests. The Department and Maryland Institute for Emergency Medical Services Systems must be able to maintain information about facilities exceeding bed capacity to provide a complete picture of the impact of an emergency situation, and so that the Department can monitor conditions when a facility exceeds capacity.
Long Term Care	8	Combine patient transport and resident relocation policies into a single regulation.	Patient transport and resident relocation policies serve different purposes. Patient transport relates to an individual resident's transport to a hospital in the event his or her care needs can no longer be met at a nursing home. The purpose of a Resident Relocation Plan is to relocate multiple residents in the event of an emergency situation.
Long Term Care	10	Simplify requirements for emergency power generation.	The requirement that fuel be available on-site is an essential requirement. If there is a widespread emergency there is likely to be limited access to fuel, and residents' health will be at risk.
Long Term Care	13	Relax standards for the physical requirements for dayroom and dining areas.	Maintaining physical standards for the dayroom and dining area is important for overall resident experience and quality of life.
Long Term Care	14	Permit changes to existing kitchens and dietetic service areas.	Maintaining standards regarding the physical space of kitchens and dining areas is important for overall resident experience and quality of life.
Assisted Living	23	Waive requirement that employees of assisted living facilities submit a physician's statement that an employee is free from certain "impairment."	It is important to ensure the ability of employees of assisted living facilities to perform their duties, which will promote overall resident safety.
Assisted Living	25	Reduce from weekly to monthly the required resident care note.	Weekly care notes are the appropriate minimal requirement in the assisted living environment, where observations by direct care staff regarding a resident's status and any change of condition are relied on by clinicians who may only visit periodically.
Adult Medical Day Care	27	Remove the requirement that quality assurance plans include health care audit and utilization reviews.	A provider is in the best position to review the quality and utilization of its own services; moreover, such review is a federal requirement for payment for services. In addition to extrinsic review of utilization by the Department and its contractors, federal law requires the Department to provide for methods to safeguard against unnecessary utilization of care and services and to assure that payments are consistent with efficiency, economy, and quality of care. In addition, federal approval of medical day care services under a home and community-based services waiver is contingent upon extensive quality assurance requirements and is subject to a federal audit. The Department's regulation accomplishes this by ensuring that providers who seek reimbursement for services track the appropriateness and utilization of services and monitor and improve the quality of services.

Page Two- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Declined by DHMH

Area	Proposal #	Proposal	Reason for Declination
Adult Medical Day Care	27	Remove the requirement that quality assurance plans include health care audit and utilization reviews.	A provider is in the best position to review the quality and utilization of its own services; moreover, such review is a federal requirement for payment for services. In addition to extrinsic review of utilization by the Department and its contractors, federal law requires the Department to provide for methods to safeguard against unnecessary utilization of care and services and to assure that payments are consistent with efficiency, economy, and quality of care. In addition, federal approval of medical day care services under a home and community-based services waiver is contingent upon extensive quality assurance requirements and is subject to a federal audit. The Department's regulation accomplishes this by ensuring that providers who seek reimbursement for services track the appropriateness and utilization of services and monitor and improve the quality of services.
Adult Medical Day Care	29	Remove the requirement that adult medical day care centers have a medical director.	It is important to ensure that every resident has access to a primary care provider. It is possible that the medical director of the center may be the primary care provider for several residents.
Mental Health	30	Eliminate the requirement that therapeutic group homes collaborate with local Core Service Agencies.	Collaboration between the therapeutic group home and the local Core Service Agencies is key to ensuring the group home continues to meet the needs of the local jurisdiction.
Mental Health	33	Permit therapeutic group homes to serve nine children rather than the current limit of eight.	Maintaining a therapeutic milieu with a group of severely disturbed adolescents is critical. Emotional stability of the youth may vary, so the group size should be limited with close monitoring, ongoing assessment, observation, crisis intervention, and regular revision of treatment plans.
Mental Health	35	Extend the period of time for an initial assessment of the child at therapeutic group home.	It is important that a child being placed in a therapeutic group home undergoes the initial assessment within the first seven days of placement. This is a clinical program and there is a need to understand the clinical needs of the child before the child is placed in the therapeutic milieu.
Mental Health	36	Eliminate the requirement that therapeutic group homes collaborate with a child's primary care physician.	The child's primary care provider may have information and input on health that is critically important to the well-being of the child. It is critical that the therapeutic group home establish and maintain contact with the child's primary care provider and the educational system.
Mental Health	43	Replace the term "Case Coordinator" with the term "Program Coordinator" in regulations for therapeutic group homes (TGH).	Regulations allow a Case Coordinator position to be filled either by a licensed mental health professional or Residential Care Specialist with a high school diploma who is supervised by a licensed mental health professional. The term, "Program Coordinator" would be inappropriate for Residential Care Specialists/Care Coordinators, and suggests a supervisory or managerial function that is not in fact delegated to the Case Coordinator in such TGH programs.
Mental Health	44	Clarify that the ultimate responsibility for identifying staff training needs and providing inservice training rests with the Chief Executive Officer, and the CEO should not be required to collaborate with the clinical coordinator and program staff in order to fulfill these responsibilities.	Collaboration with clinical staff is appropriate in determining staff training needs in a therapeutic group home.

Page Three- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Declined by DHMH

Area	Proposal #	Proposal	Reason for Declination
Mental Health	46	Clarify that the responsibility for ensuring appropriate supervision of staff rests with the Chief Executive Officer, not Clinical Coordinator.	The current requirement is collaboration, when appropriate, and not direct management or supervision by clinical staff.
Mental Health	47	Remove the requirement that clinical coordinators be responsible for establishing protocols for medical and psychiatric emergencies.	Clinical input is essential in establishing these protocols.
Mental Health	49	Waive the requirement that a psychiatrist participate in the screening, assessment, admission, and discharge process at therapeutic group homes.	Therapeutic group homes offer intensive mental health services, usually involving medication. It is appropriate for a psychiatrist to be involved in processes relating to the administration of medication to children in these settings.
Mental Health	51	Allow community mental health programs to use one Medicaid number for multiple sites.	The assignment of individual Medicaid numbers for each site enables the Department to monitor utilization and need for services. Moreover, sites are licensed and equipped to provide different services and there are varying payments according to provider types for services rendered.
Mental Health	54	Streamline the eligibility determinations for non-Medicaid consumers of the public mental health system.	Maintaining access to timely and accurate eligibility determinations and reimbursement claims data is integral to the integrity of the system. Providers have unique access to information on individual patients. Reviewing organizations are not in the same position to follow up with individual patients.
Mental Health	55	Adjust regulations that require community mental health providers to inform consumers about mental health advance directives.	Advanced directives should be encouraged and providers should be available to discuss these issues with the consumers.
Mental Health	57	Eliminate or adjust required staffing ratios for mobile treatment services.	Mobile treatment services are a clinical service, and the licensing and staffing requirements in regulations are important to ensuring good clinical care.
Mental Health	59	Eliminate the multi-site staffing requirements of outpatient mental health clinics.	By definition, an outpatient mental health clinic involves an interdisciplinary team, which supports the higher Medicaid reimbursement rate. The existing regulations allow the Department to grant variances from the staffing requirements on a case-by-case basis. The Department will continue this process, rather than changing the regulations.
Mental Health	60	Eliminate the requirement that a licensed mental health professional must refer consumers to psychiatric rehabilitation programs as a condition of consumer eligibility.	Referral from a mental health professional to psychiatric rehabilitation programs is critical for care coordination. In addition, the Department must be able to document care coordination as a part of federal waiver requirements.
Mental Health	61	Adjust authorization periods for Medicaid-eligible and uninsured psychiatric rehabilitation program recipients.	This proposal is in conflict with federal Centers for Medicare and Medicaid Services requirements. The implementation of health reform will require the Department to be able to continue to demonstrate aggressive review of psychiatric rehabilitation program services to ensure that active treatment services are being provided, that medical necessity review criteria are being met, and that the services being provided are needed by the consumer.

Page Four- DHMH Task Force on Regulatory Efficiency

Regulatory Proposals Declined by DHMH

Area	Proposal #	Proposal	Reason for Declination
Mental Health	62	Eliminate the requirement that psychiatric rehabilitation programs must have a 24/7 emergency response plan in place for children and adolescents when the psychiatric rehabilitation program is not open.	Regulations simply require the provider to have a 24/7 emergency response plan in place for when the psychiatric rehabilitation program is not open, not be open 24/7. This plan, which may simply be a referral to another source of services, is necessary for adequate after hours clinical care while decreasing unnecessary reliance upon hospital emergency rooms.
Mental Health	63	Eliminate the requirement that psychiatric rehabilitation program direct care staff must have 60 hours of on-the-job direct psychiatric rehabilitation program supervision before providing services to minors served by the program without supervision.	Providers should be responsible for ensuring that direct care staff are credentialed, receive appropriate training and orientation, and receive appropriate supervision before providing direct care psychiatric rehabilitation program services.
Developmental Disabilities	65	Adjust the regulatory requirement when Individual Plans are updated, from annually to at least every three years.	Based on person-centered services, the individual must have a voice in any decisions made about their life or services and their needs and preferences must be discussed in the individual plan meeting.
Developmental Disabilities	67	Remove the requirement that providers complete annual wage and benefits surveys and require the surveys every two years.	Accurate and timely wage and benefits surveys are essential to the work of the Community Services Reimbursement Rate Commission.
Developmental Disabilities	69	Waive requirements to maintain individual records for five years and instead update these records on a quarterly basis.	Maryland law requires a 5-year retention of medical records, and the Centers for Medicare and Medicaid Services has similar record retention requirements for federal waiver programs.