REGULATORY REVIEW AND EVALUATION ACT:

EVALUATION REPORTS DUE JULY 1, 2017 FOR:

Subtitle 05 FREESTANDING AMBULATORY SURGICAL FACILITIES Subtitle 07 HOSPITALS Subtitle 08 HEALTH FACILITIES GRANTS

SUBMITTED BY:

Maryland Department of Health Office of Regulation and Policy Coordination 201 W. Preston Street, Room 512 Baltimore, Maryland 21201 Phone: (410) 767-6499

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EVALUATION REPORTS

Subtitle 05 FREESTANDING AMBULATORY CARE FACILITIES

10.05.05 Freestanding Ambulatory Surgical Facilities

Subtitle 07 HOSPITALS

- 10.07.01 Acute General Hospitals and Special Hospitals
- 10.07.02 Comprehensive Care Facilities and Extended Care Facilities
- 10.07.06 Hospital Patient Safety Program
- 10.07.07 Nursing Referral Service Agencies
- 10.07.08 Freestanding Medical Facilities
- 10.07.09 Residents' Bill of Rights: Comprehensive Care Facilities and Extended Care Facilities
- 10.07.10 Home Health Agencies
- 10.07.11 Health Maintenance Organizations
- 10.07.12 Health Care Facilities Within Correctional Institutions
- 10.07.17 Limited Service Hospital
- 10.07.18 Comprehensive Rehabilitation Facilities
- 10.07.21 Hospice Care Programs

Subtitle 08 HEALTH FACILITIES GRANTS

- 10.08.01 Construction Funds For Public and Nonprofit Nursing Homes
- 10.08.02 Construction Funds For Public & Nonprofit Community Mental Health, Addiction, & DD Fac.
- 10.08.03 Construction Funds for Public and Nonprofit Adult Day Care Centers
- 10.08.04 Construction Funds for Public and Nonprofit Assisted Living Facilities
- 10.08.05 Construction Funds for Federally Qualified Health Centers
- 10.08.06 Construction Funds for Conversion of Nursing Facilities

EXEMPTIONS REQUESTED

In accordance with State Government Article, §10-132-1, Annotated Code of Maryland, the Secretary has certified to the Governor and the AELR Committee that a review of the following chapters would not be effective or cost-effective and therefore are exempt from the review process based on the fact that they were either initially adopted (IA), comprehensively amended (CA) during the preceding 8 years, or Federally mandated (FM):

Subtitle 05 FREESTANDING AMBULATORY CARE FACILITIES

10.05.01 General Requirements	CA 2/27/17 & 3-13-17
10.05.02 Freestanding Birthing Centers	CA 2/15/16
10.05.03 Freestanding Major Medical Equipment Facilities	CA 2/27/17
10.05.04 Freestanding Kidney Dialysis Centers	CA 2/18/13

Subtitle 07 HOSPITALS

10.07.03 Health Care Staff Agencies	CA 9/15/14
10.07.04 Res. Treatment Centers for Emotionally Disturbed Children & Adolescents	CA 5/22/17

10.07.05 Residential Service Agencies	CA 5/1/12
10.07.13 Forensic Residential Centers (FRCs)	IA 1/26/09
10.07.14 Assisted Living Programs	CA 12/29/08
10.07.15 License Fee Schedule for Hospitals and Related Institutions	CA 8/29/16
10.07.16 Limited Private Inpatient Facilities	IA 12/10/15
10.07.20 Intermediate Care Facilities for Individuals with Intellectual Disabilities(ICF/IID)	CA 1/20/14
10.07.22 Hospice Care Programs: Hospice House Requirements	IA 6/10/13

CHAPTERS THAT ARE VACANT / TRANSFERRED

Subtitle 07 HOSPITALS

10.07.19 VACANT

Transferred to Title 31 Maryland Insurance Administration - COMAR 31.10.21

Chapter Co	odification:	COMAR 10.05.05
Chapter Na	me: Free	estanding Ambulatory Surgical Facilities
Authority:	Health-Ge	eneral Article, §19-3B-01 et seq., Annotated Code of Maryland
Date Origin	nally Adopte	ed or Last Amended: Regulation .01B amended effective March 14, 2016
Purpose: The purpose of the freestanding ambulatory surgical facilities regulations are to ensure that a facility that operates exclusively for the purpose of providing surgical services to patients requiring a period of postoperative observation but not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following admission is licensed and meets all general licensing requirements for a facility as provided in COMAP, 10.05.01		t operates exclusively for the purpose of providing surgical services to patients period of postoperative observation but not requiring hospitalization and in which
A. Review 01.01.3002	Criteria. (S	State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR
	250 200 - 200	ns continue to be necessary for the public interest? X Yes No
(2) Do 1	the regulation	ns continue to be supported by statutory authority and judicial opinion? X Yes
(3) Are	the regulatio	ons obsolete or otherwise appropriate for amendment or repeal? Yes X No
(4) Are	the regulatio	ons effective in accomplishing their intended purpose? X Yes No
(1) List	t any stakeho	earch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland olders invited to review the regulations and provide a summary of their participation in the review process.
As A List	ational Capita ssociation, Fr notification v any other af	oulatory Surgery Association, Maryland Society of Anesthesiologists, Maryland- al Homecare Association, Chesapeake Registry Program, Maryland Hospital reestanding Birthing Center Providers, OHCQ Surveyors and Coordinators. was emailed and posted to OHCQ's website inviting stakeholder comments. Iffected agencies that were invited to review the regulations and provide a summary of on in and input into the review process.
Ov	ver 300 stake	cholders were invited to submit comments on both the website and through email. comments or input received from other DHMH agencies.
(a) a (b) a (c) a (d) a (e) a	any notice pu any notice pu any notice po regulation rev any mailing b any public he	by the adopting authority; and earing held.
Th rev	e Office of H view during th	Health Care Quality developed and posted a timeline of regulations scheduled for he latter months of 2016. Email notifications and reminders were sent informing

review during the latter months of 2016. Email notifications and reminders were sent informing stakeholders of comment opportunities. Additionally, OHCQ program managers and subject matter experts informed identified stakeholders. The regulations were posted on OHCQ's website for over 30 days to allow comments.

	(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	e; and
		See attached table.	
	(5) Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.		
		None.	
	(6)	Provide a summary of any relevant scientific data gathered.	
		None.	¥
	(7)	Provide a summary of any relevant information gathered related to the refederal government.	egulations of other states or the
	(8)	The program manager and Assistant Attorney general reviewed the regular there were no conflicts between COMAR 10.05.02 and the federal regular Provide a summary of any other relevant information gathered.	ulations and determined lations.
		The program manager met with surveyors and the providers of freestand centers and there was no relevant information gathered on COMAR 10.	ding ambulatory surgical 05.05.
С.	Adı Has	der COMAR 01.01.2003.20E(3), does the agency have any existing policy indards being applied or enforced which should be promulgated as regulation ministrative Procedure Act? Yes X No sthe agency promulgated all regulations required by recent legislation? vide explanations of the above responses, as needed:	y statements, guidelines, or ons, in accordance with the X Yes No
	N/A		
S	(0	Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Archeck all that apply) X no action amendment repeal repeal and adopt new regulations reorganization	nnotated Code of Maryland)
Sui	nma	rry.	
5	stake comr	Office of Health Care Quality has reviewed COMAR 10.05.05 with interreholders. There were 7 comments submitted in regards to COMAR 10.05 ment platform. OHCQ reviewed all comments, however no suggested revCQ determined the regulations are sufficient as written.	.05 through the online
		Person performing review:	Amanda Thomas
			Health Policy Analyst for Regulatory Affairs

Chapter Coc	diffication: 10.07.01
Chapter Nar	me: Acute General Hospitals and Specialty Hospitals
Authority:	Health-General Article, §19-307.2, 19-308, 19-308.6, 19-308.8, 19-318—19-320, 19-323, and 19-349.1; Insurance Article, Title 4, Subtitle 4; Public Safety Article, §14-110.1; Annotated Code of Maryland
	Regulations .01B, 04A, .21, and .31 amended effective March 27, 2017
f	The purpose of Acute General Hospitals and Specialty Hospitals regulations is to define the criteria used to classify health care facilities as hospitals, define licensure requirements, and set forth regulations governing aspect of patient care, staffing, physical environment, and other aspects of hospital operations.
A. Review 0	Criteria. (State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR 20E)
(1) Do th	ne regulations continue to be necessary for the public interest? X Yes No
(2) Do th	ne regulations continue to be supported by statutory authority and judicial opinion? X Yes No
	he regulations obsolete or otherwise appropriate for amendment or repeal? Yes X No
	he regulations effective in accomplishing their intended purpose? X Yes No
B. Outreacl	h and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)
(1) List and in	any stakeholders invited to review the regulations and provide a summary of their participation in nput into the review process.
defi	e Office of Health Care Quality (OHCQ) has reached out to all Maryland facilities meeting the initions of Acute General and Specialty Hospitals. Additionally, OHCQ has consulted with the ryland Hospital Association as well as the public to solicit input on the regulations.
(2) List a their	any other affected agencies that were invited to review the regulations and provide a summary of participation in and input into the review process.
The	Maryland Health Care Commission
(a) an (b) an (c) an	ribe the process used to solicit public comment, including: by notice published in the Maryland Register; by notice published in newspapers of general circulation; by notice posted on the unit's website or on a Statewide website created for units to post notices of gulation review;

(d) any mailing by the adopting authority; and

	(e) any public hearing held.	
	On August 12, 2016 the OHCQ posted information on its website to not opening of a 30 day comment period. Additionally OHCQ sent e-mail stakeholders and groups as identified by OHCQ program managers.	tify all stakeholders of the notifications to critical
(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	e; and
	No comments regarding 10.07.01 were received from stakeholders. OH Prospective Payment Systems regulations published by the Centers for Services (CMS) as well as changes to the Maryland Health Care Decisi passed during the 2017 Maryland Legislative Session and amend this cl	Medicare and Medicaid ons Act mandated by bills
(5)	Describe any interunit conflict reviewed and the resolution or proposed in	resolution of that conflict.
	None	
(6)	Provide a summary of any relevant scientific data gathered.	
	None	
(7)	Provide a summary of any relevant information gathered related to the refederal government.	egulations of other states or the
	The program manager and the Assistant Attorney General have reviewed chapter for any conflicts with federal law and none were found.	ed 10.07.01 to assess the
(8)	Provide a summary of any other relevant information gathered.	
	The program manager solicited comments from OHCQ hospital survey	ors.
star Adı Has	der COMAR 01.01.2003.20E(3), does the agency have any existing policy indards being applied or enforced which should be promulgated as regulation ministrative Procedure Act? Yes X No sthe agency promulgated all regulations required by recent legislation? vide explanations of the above responses, as needed:	ions, in accordance with the
	V/A	
D. Act	cions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Anno check all that apply) X no action amendment repeal repeal and adopt new regulations	tated Code of Maryland)
Summa	reorganization	
The The	OHCQ reviewed COMAR 10.07.01 with internal staff and solicited input regulations in this chapter were posted for public comment, however no effore no changes to the chapter will be made.	from external stakeholders.
162	Person performing review:	Matthew E. Weiss
	Title:	Health Policy Analyst for Government Affairs

Chapter	Codification:	10.07.02	
Chapter	Name: Compreh	ensive Care Facilities and Extended Care Facilities	
Authorit		eral Article, §§19-308, 19-308.1, 19-323, and 19-1401 et seq.; Public Safe 110.1; Annotated Code of Maryland	ty
Date Ori	iginally Adopted o	r Last Amended: Regulations .03 and 05, amended effective August 20	17
Purpose	to which are ad	nd intent of this chapter is to prescribe minimum standards to be met by falmitted two or more nonrelated persons who do not need the intensive car nospital but who are unable to be cared for appropriately in the home	
	iew Criteria. (Stat 002.20E)	e Government Article, §10-132(1)(i), Annotated Code of Maryland; COM	1AR
(1) I	Oo the regulations of	continue to be necessary for the public interest? X Yes No	
(2) I	Oo the regulations	continue to be supported by statutory authority and judicial opinion? X	Yes No
(3) A	Are the regulations	obsolete or otherwise appropriate for amendment or repeal? X Yes	□ No
(4) A	Are the regulations	effective in accomplishing their intended purpose? X Yes No	o
B. Outr	reach and Researc	ch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code o	f Maryland)
	List any stakeholde and input into the re	ers invited to review the regulations and provide a summary of their particle eview process.	cipation in
	definitions of Con outreach to Lifesp Maryland, and oth	alth Care Quality (OHCQ) has reached out to all Maryland facilities meets apprehensive Care and Extended care facilities. Additionally, OHCQ condoan, HFAM, Leading Age, Voices for Quality Care, Mental Health Associate organizations representing both trade associations and advocacy so, OHCQ conducted public forums to which members of the public were	ucted iation of
(2) I	List any other affection in	eted agencies that were invited to review the regulations and provide a sun and input into the review process.	nmary of
	Department of Ag Care Commission	ging, State Ombudsman Program, Disability Rights Maryland, Maryland I	Tealth
(a (1 (d	a) any notice publib) any notice public) any notice poste regulation revie	ss used to solicit public comment, including: shed in the Maryland Register; shed in newspapers of general circulation; d on the unit's website or on a Statewide website created for units to post w; he adopting authority; and	notices of

(e) any public hearing held. Three public forums were held between October and November 2014 and minutes from the meetings were posted on the OHCQ website. Additionally two online comment opportunities were provided between March 2015 and April 2016. Information about comment opportunities was sent to a subscriber list of over 140 individuals and organizations. (4) Provide summaries of: (a) all comments received from stakeholders, affected units, or the public; and (b) the adopting authority's responses to those comments. As a result of the outreach described above, over 900 total comments were received, reviewed, and addressed by OHCQ staff. Every comment was categorized according to regulation and subject. These were reviewed by an OHCQ committee and adjudicated and the chapter updates as a draft. The draft was distributed to the same stakeholders for further comment and the results were processed in the same manner. (5) Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict. None (6) Provide a summary of any relevant scientific data gathered. None (7) Provide a summary of any relevant information gathered related to the regulations of other states or the federal government. The program manager and the Assistant Attorney General have reviewed 10.07.02 to assess the chapter for any conflicts with federal law and none were found. (8) Provide a summary of any other relevant information gathered. The program manager solicited comments from OHCQ Long Term Care surveyors. C. Under COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or standards being applied or enforced which should be promulgated as regulations, in accordance with the Administrative Procedure Act? Yes No Has the agency promulgated all regulations required by recent legislation? X Yes Provide explanations of the above responses, as needed: N/A D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply)

no action

repeal

amendment

repeal and adopt new regulations

X

X

X

X reorganization

Summary:

The OHCQ reviewed COMAR 10.07.02 with internal staff and solicited input from external stakeholders through an iterative process. The regulations in this chapter were posted for public comment, and many comments were received. OHCQ staff received, categorized, discussed, and adjudicated all received comments. Several drafts of proposed regulations were posted for informal comment and a final draft was produced in 2016. We are presently waiting for approval from the Governor's Office to proceed with the proposal. Once approval is received, we will proceed with promulgation in accordance with the regulatory process outlined in the Administrative Procedures Act, State Government Article, Title 10, Subtitle 1, Annotated Code of Maryland.

Person performing review:

Matthew E. Weiss

Title:

Health Policy Analyst for Government Affairs

2012 - 2020

Chapter C	Codification: 10.07.06
Chapter N	Name: Hospital Patient Safety Program
Authority	: Health-General Article, §§19-308, and 19-319, Annotated Code of Maryland
Date Orig	inally Adopted or Last Amended: March 15, 2004
Purpose:	The purpose of this chapter is to provide a safe environment for patients receiving treatment in Maryland hospitals.
A. Review 01.01.300	w Criteria. (State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR 2.20E)
(1) Do	the regulations continue to be necessary for the public interest? X Yes No
(2) Do	the regulations continue to be supported by statutory authority and judicial opinion? X Yes No
(3) Are	e the regulations obsolete or otherwise appropriate for amendment or repeal? \square Yes \square No
(4) Are	e the regulations effective in accomplishing their intended purpose? X Yes N_0
B. Outre	ach and Research. (State Government Article, §10-135(a)(2)(i)-(viii), Annotated Code of Maryland)
(1) Lis	st any stakeholders invited to review the regulations and provide a summary of their participation in d input into the review process.
T	The Office of Health Care Quality (OHCQ) has reached out to all Maryland hospitals' patient afety programs to solicit input on the regulations.
(2) Lis	st any other affected agencies that were invited to review the regulations and provide a summary of eir participation in and input into the review process.
Т	The Maryland Hospital Association.
(a) (b) (c) (d)	escribe the process used to solicit public comment, including: any notice published in the Maryland Register; any notice published in newspapers of general circulation; any notice posted on the unit's website or on a Statewide website created for units to post notices of regulation review; any mailing by the adopting authority; and any public hearing held.
ol O	on August 12, 2016 the OHCQ posted information on its website to notify all stakeholders of the pening of the 30 day comment period. Additionally OHCQ sent e-mail notifications to critical

stakeholders and groups as identified by OHCQ program managers.

(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	c; and
	No comments regarding 10.07.06 were received from stakeholders. OF staff proposed reducing the time allowed for hospitals to provide Plans OHCQ to provide timely feedback to hospitals on root cause analyses, produce an annual Hospital Patient Safety Report.	of Correction require
(5)	Describe any interunit conflict reviewed and the resolution or proposed	resolution of that conflict.
	None	
(6)	Provide a summary of any relevant scientific data gathered.	
	None	
(7)	Provide a summary of any relevant information gathered related to the refederal government.	
	The program manager and the Assistant Attorney General reviewed 10. for any conflicts with federal law and none were found.	07.06 to assess the chapter
(8)	Provide a summary of any other relevant information gathered.	
	The program manager solicited comments from OHCQ hospital survey Program staff.	ors as well as Patient Safety
На	ministrative Procedure Act? Yes X No s the agency promulgated all regulations required by recent legislation? evide explanations of the above responses, as needed:	X Yes No
	N/A	
D. Act	tions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Anno check all that apply) no action X amendment repeal repeal and adopt new regulations	tated Code of Maryland)
Summa	reorganization ary:	
com	CQ posted COMAR 10.07.06 for comment by internal staff and external sments were received from OHCQ staff as described in B(4) above. These will be incorporated into proposed regulations.	takeholders. Only one set of were reviewed internally
	Person performing review:	Matthew E. Weiss
	Title:	Health Policy Analyst for Government Affairs

Chapter C	Codification:	10.07.07	
Chapter N	Nursi	ng Referral Service Agencies	
Authority	Authority: Health-General Article, Subtitle 19-4B, Annotated Code of Maryland		
Date Orig	inally Adopted	or Last Amended: Regulation .04A, E amended effective March 13, 2017 (44:5 Md. R. 292)	
	service agenc	of this chapter is to set minimum standards for licensure of nursing referral es in Maryland. This chapter does not preclude a nursing referral service agency g with independent contractors.	
A. Revie 01.01.300	w Criteria. (St 2.20E)	ate Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR	
(1) Do	the regulation	s continue to be necessary for the public interest? X Yes No	
(2) Do	the regulation	s continue to be supported by statutory authority and judicial opinion? X Yes No	
		ns obsolete or otherwise appropriate for amendment or repeal? Yes X No	
		ns effective in accomplishing their intended purpose? X Yes No	
B. Outre	ach and Resea	rch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)	
(1) Li an	st any stakehol d input into the	ders invited to review the regulations and provide a summary of their participation in review process.	
		ealth Care Quality reached out to the Maryland – National Capital Homecare NCHA) through emails and phone calls.	
(2) Li	st any other after after street or after the street and street after the street after a street a stree	ected agencies that were invited to review the regulations and provide a summary of in and input into the review process.	
V	The Office of H with Medicaid a	ealth Care Quality solicited comments on the regulations via email and phone calls and the Maryland Board of Nursing.	
(a) (b) (c) (d)	any notice pul any notice pul any notice pos regulation rev	y the adopting authority; and	

	On June 5, 2016 the OHCQ the regulations were posted on the OHCQ website for a thirty-day comment period. Additionally OHCQ sent e-mail notifications to critical stakeholders and groups as identified by OHCQ program managers.
(4	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public; and (b) the adopting authority's responses to those comments.
	After reaching out to stakeholders and agencies, no comments regarding 10.07.07 were received from stakeholders.
(5	Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.
	None
(6	Provide a summary of any relevant scientific data gathered. None
(7	Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.
	The program manager and the Assistant Attorney General have reviewed 10.07.07 to assess the chapter for any conflicts with federal law and none were found.
(8	Provide a summary of any other relevant information gathered.
	The program manager solicited comments from OHCQ nursing referral agency surveyors
St. A	Inder COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or andards being applied or enforced which should be promulgated as regulations, in accordance with the dministrative Procedure Act? X Yes X No as the agency promulgated all regulations required by recent legislation? X Yes X No rovide explanations of the above responses, as needed:
1	N/A
D. A	ctions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply) X no action amendment repeal repeal and adopt new regulations
Sumn	reorganization
The	e OHCQ reviewed COMAR 10.07.07 with internal staff and solicited input from external stakeholders. e regulations in this chapter were posted for public comment, however no comments were received. erefore, no changes are necessary.
	Person performing review: Matthew E. Weiss
	Title: Health Policy Analyst for

Government Affairs

			2012 2020
Chapter Codif	fication:	10.07.08	
Chapter Name	e: Free	standing Medical Fac	cilities
Authority:	Health-C	General Article, §2-10	04 and Title 19, Subtitle 3A, Annotated Code of Maryland
	y Adopte	d or Last Amended:	Regulations .04B and .05A amended effective March 13, 2017
requ	purpose uirements ecialty hos	of medical facilities	efine the licensure, services, staffing, and equipment operating independently of Acute General Hospitals and
A. Review Co	r iteria. (S E)	tate Government Art	icle, §10-132(1)(i), Annotated Code of Maryland; COMAR
(1) Do the	regulation	ns continue to be nec	essary for the public interest? X Yes No
(2) Do the	regulation	ns continue to be sup	ported by statutory authority and judicial opinion? X Yes
(3) Are the	regulatio	ns obsolete or otherv	vise appropriate for amendment or repeal? Yes X No
			applishing their intended purpose? $X Yes No$
B. Outreach	and Rese	arch. (State Governm	nent Article, §10-135(a)(2)(i)–(viii), Annotated Code of Marylan
(1) List an	y stakeho		w the regulations and provide a summary of their participation in
meeti	ng the def	finitions of Freestand	h Care Quality (OHCQ) reached out to all Maryland facilities ing Medical Facilities. Additionally, OHCQ consulted with the rell as the public to solicit input on the regulations.
(2) List an their pa	y other af	fected agencies that very into the	were invited to review the regulations and provide a summary of e review process.
The N	Maryland l	Health Care Commis	sion
(a) any (b) any (c) any regu (d) any	notice pu notice pu notice po- ulation rev mailing b	blished in the Maryla blished in newspaper sted on the unit's wel	rs of general circulation; bsite or on a Statewide website created for units to post notices or
openii	ng of a 30	day comment period	ed information on its website to notify all stakeholders of the l. Additionally OHCQ sent e-mail notifications to critical l by OHCQ program managers.

	(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	e; and
		No comments regarding 10.07.08 were received from stakeholders.	
	(5)	Describe any interunit conflict reviewed and the resolution or proposed	resolution of that conflict.
		None	
	(6)	Provide a summary of any relevant scientific data gathered.	
		None	
	(7)	Provide a summary of any relevant information gathered related to the refederal government.	egulations of other states or the
		The program manager and the Assistant Attorney General reviewed 10. for any conflicts with federal law and none were found.	07.01 to assess the chapter
	(8)	Provide a summary of any other relevant information gathered.	
		The program manager solicited comments from OHCQ hospital survey	ors.
	Adı Has Pro	ndards being applied or enforced which should be promulgated as regulation ministrative Procedure Act? Yes X No sthe agency promulgated all regulations required by recent legislation? vide explanations of the above responses, as needed:	X Yes No
	1	N/A	
D. Sum	(1	ions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Anno check all that apply) X no action amendment repeal repeal and adopt new regulations reorganization	tated Code of Maryland)
1	he	OHCQ reviewed COMAR 10.07.08 with internal staff and solicited input regulations in this chapter were posted for public comment, however no cefore, no changes to 10.07.08 will be made.	from external stakeholders. omments were received.
		Person performing review:	Matthew E. Weiss
		Title:	Health Policy Analyst for Government Affairs

Chapter Codification:		ation:	10.07.09
Chapter Name: R		Reside	nts' Bill of Rights: Comprehensive Care Facilities and Extended Care Facilities
Authority:	Hea Ma	alth-General	eral Article, §§19-343—19-347 and 19-349—19-352, Annotated Code of
Date Origi	nally .	Adopted	or Last Amended: March 15, 2004
Purpose:	licen	sed unde	of this chapter is to ensure residents in a comprehensive or extended care facility or COMAR 10.07.02. are provided with certain rights and are free from abuse or y facility staff, resident's representatives, or other individuals.
A. Review 01.01.3002	v Crit 2.20E)	eria. (Sta	ate Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR
(1) Do	the re	gulations	s continue to be necessary for the public interest? X Yes No
(2) Do	the re	gulations	s continue to be supported by statutory authority and judicial opinion? X Yes No
(3) Are	the re	egulation	s obsolete or otherwise appropriate for amendment or repeal? X Yes No
(4) Are	the re	egulation	s effective in accomplishing their intended purpose? X Yes No
B. Outrea	ich an	d Resea	rch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)
 List any stakeholders invited to review the regulations and provide a summary of their participation in and input into the review process. 			lers invited to review the regulations and provide a summary of their participation in review process.
ho B re Lo V	ecause each ou eading oices	r, that proceed COMA at to the I gas Age, M for Quali	ed that COMAR 10.07.02 would have been proposed at the beginning of 2017; oposal has not been released by the Governor's Office for promulgation as of yet. R 10.07.09 depends heavily on COMAR 10.07.02 for its substance, OHCQ will Maryland State Ombudsman Program, Department of Aging, Lifespan, HFAM, ental Health Association of Maryland, Legal Aid, Disability Rights Maryland, ty Care, The Society for Post-Acute and Long-Term Care Medicine and the public of the COMAR 10.07.02 has been adopted.
			ected agencies that were invited to review the regulations and provide a summary of in and input into the review process.
			n D: Summary for details.
(a) a (b)	any no any no	otice pub	ess used to solicit public comment, including: lished in the Maryland Register; lished in newspapers of general circulation; ed on the unit's website or on a Statewide website created for units to post notices of

(d) any mailing by the adopting authority; and (e) any public hearing held.

regulation review;

	Please see section D: Summary for details.
(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public; and (b) the adopting authority's responses to those comments.
	Please see section D: Summary for details.
(5)	Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.
	Please see section D: Summary for details.
(6)	Provide a summary of any relevant scientific data gathered.
	Please see section D: Summary for details.
(7)	Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.
	Please see section D: Summary for details.
(8)	Provide a summary of any other relevant information gathered.
	Please see section D: Summary for details.
sta Ad	der COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or ndards being applied or enforced which should be promulgated as regulations, in accordance with the ministrative Procedure Act? Yes X No
Pro	ovide explanations of the above responses, as needed:
	N/A
	tions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply)
	no action X amendment (anticipated) repeal repeal and adopt new regulations reorganization
Summa	ary:

OHCQ anticipated that COMAR 10.07.02 would have been proposed at the beginning of 2017; however, that proposal has not been released by the Governor's Office for promulgation as of yet. Because COMAR 10.07.09 depends heavily on COMAR 10.07.02 for its substance, OHCQ is unable to open this chapter for comments until 10.07.02 has been released. Once this occurs, OHCQ will post the chapter for an informal comment period through its website as well as direct outreach to a variety of stakeholders and individuals. Comments will be received, categorized and addressed by an internal committee, and a proposed draft will be circulated to the same stakeholders for a second review. A final draft will be produced after additional comments are processed as described above. Once a final draft is agreed upon, we will proceed with promulgation in accordance with the regulatory process outlined in the Administrative Procedures Act, State Government Article, Title 10, Subtitle 1, Annotated Code of Maryland.

Person performing review:

Matthew E. Weiss

Title:

Health Policy Analyst for Government Affairs

Chapter Codification: 10.07.1		10.07.10			
Chapter N	ame:	Home	Health Agencies		
Authority:	uthority: Health-General Article, §19-404, Annotated Code of Maryland				
Date Origi Purpose:	inally A	Adopted	or Last Amended:	Regulation .04B, C amended effective August 29, 2016 (43:17 Md. R. 953); March 13, 2017 (44:5 Md. R. 292)	
	A. To provid B. To	promot ding ser protect assure t	vice within the State those interests by a	eneral well-being of all patients of home health agencies	
A. Reviev 01.01.3002	v Crite 2.20E)	eria. (Sta	ate Government Art	icle, §10-132(1)(i), Annotated Code of Maryland; COMAR	
(1) Do	the reg	gulations	s continue to be nece	essary for the public interest? X Yes No	
(2) Do	the reg	gulations	s continue to be supp	ported by statutory authority and judicial opinion? X Yes No	
(3) Are	e the re	gulation	s obsolete or otherw	vise appropriate for amendment or repeal? Yes X No	
(4) Are	e the re	gulation	as effective in accom	plishing their intended purpose? X Yes No	
 B. Outreach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryla (1) List any stakeholders invited to review the regulations and provide a summary of their participation and input into the review process. 				nent Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland) with regulations and provide a summary of their participation in	
				eached out to the Maryland – National Capital Homecare providers through emails and phone calls.	
			ected agencies that value in and input into the	were invited to review the regulations and provide a summary of e review process.	
				olicited comments on the regulations via email and phone calls re Commission, and the Maryland Board of Nursing.	
(a) (b) (c) (d) (e)	any no any no any no regula any ma any pu	tice pub tice pub tice pos tion revi ailing by blic hea	olished in the Maryla olished in newspaper ted on the unit's wel iew; of the adopting authoring held.	rs of general circulation; besite or on a Statewide website created for units to post notices of rity; and	
O	n June ommen	5, 2016 t period.	the OHCQ the regular. Additionally OHC	lations were posted on the OHCQ website for a thirty-day Q sent e-mail notifications to critical stakeholders and groups as	

identified by OHCQ program managers.

(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public; and (b) the adopting authority's responses to those comments.
	After reaching out to stakeholders, providers, and agencies, no comments regarding 10.07.10 were received through the website.
(5)	Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.
	None
(6)	Provide a summary of any relevant scientific data gathered.
	None
(7)	Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.
	The program manager and the Assistant Attorney General have reviewed 10.07.10 to assess the chapter for any conflicts with federal law and none were found.
(8)	Provide a summary of any other relevant information gathered.
	The program manager solicited comments from OHCQ home health agency surveyors.
star Adı	der COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or ndards being applied or enforced which should be promulgated as regulations, in accordance with the ministrative Procedure Act? Yes X No
	s the agency promulgated all regulations required by recent legislation? X Yes No No evide explanations of the above responses, as needed:
	N/A
	tions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) check all that apply) X no action amendment repeal repeal and adopt new regulations reorganization ary:
The re	OHCQ reviewed COMAR 10.07.10 with internal staff and solicited input from external stakeholders. egulations in this chapter were posted for public comment, however no comments were received. fore, no changes were necessary.
	Person performing review: Matthew E. Weiss

Title:

Health Policy Analyst for Government Affairs

Chapter Co	odification: 10.07.11
Chapter Na	ame: Health Maintenance Organizations
Authority:	Health-General Article, §19-701 et seq.; Insurance Article, §2-109(a)—(c); Annotated Code of Maryland
Date Origi	nally Adopted or Last Amended: Regulation .09A and .10 amended effective March 2017
Purpose:	The purpose of these regulations is to regulate various phases of the operations of health maintenance organizations in accordance with the mandates of Health-General Article, §§19-701—19-734, Annotated Code of Maryland.
A. Review 01.01.3002	v Criteria. (State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR 2.20E)
(1) Do	the regulations continue to be necessary for the public interest? X Yes No
(2) Do	the regulations continue to be supported by statutory authority and judicial opinion? X Yes No
(3) Are	the regulations obsolete or otherwise appropriate for amendment or repeal? \square Yes \square No
(4) Are	the regulations effective in accomplishing their intended purpose? X Yes N_0
B. Outrea	ach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)
	st any stakeholders invited to review the regulations and provide a summary of their participation in linput into the review process.
Н	ealth Maintenance Organizations, Office of Health Care Quality (OHCQ) Hospital unit.
	st any other affected agencies that were invited to review the regulations and provide a summary of ir participation in and input into the review process.
M	Saryland Insurance Administration
(a) (b) (c) (d) (d)	scribe the process used to solicit public comment, including: any notice published in the Maryland Register; any notice published in newspapers of general circulation; any notice posted on the unit's website or on a Statewide website created for units to post notices of regulation review; any mailing by the adopting authority; and any public hearing held.
Or ma	n April 18, 2016 the regulations were posted for comment on the OHCQ website. Additionally eail notification was sent to HMOs in Maryland.

(4) Provide summaries of:(a) all comments received from stakeholders, affected units, or the public; and(b) the adopting authority's responses to those comments.	
No comments were received. OHCQ wishes to review recently published Network Adequacy regulations developed by the Maryland Insurance Administration which may necessitate changes this chapter.	to
(5) Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.	
None	
(6) Provide a summary of any relevant scientific data gathered.	
None	
(7) Provide a summary of any relevant information gathered related to the regulations of other states of federal government.	r the
The program manager and the Assistant Attorney General reviewed 10.07.11 to assess the chapte for any conflicts with federal law and identified none.	r
(8) Provide a summary of any other relevant information gathered.	
The program manager solicited comments from OHCQ hospital unit surveyors and program staff.	•
C. Under COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, o standards being applied or enforced which should be promulgated as regulations, in accordance with the Administrative Procedure Act? Yes X No	r ie
Has the agency promulgated all regulations required by recent legislation? X Yes No	
Provide explanations of the above responses, as needed:	_
N/A	
 D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply) X no action amendment 	
repeal repeal and adopt new regulations reorganization	
Summary:	
The OHCQ reviewed COMAR 10.07.11 with internal staff and solicited input from external stakeholder. The regulations in this chapter were posted for public comment, however no comments were received. Therefore, no changes to 10.07.11 will be made.	rs.
Person performing review:	
M-HI F W	

Title:

Matthew E. Weiss

Health Policy Analyst for Government Affairs

Chapter C	odificatio	on:	10.07.12
Chapter N	ame:	Health	Care Facilities within Correctional Institutions
Authority:	Healt Mary	h-Ger land	neral Article, §§19-307, 19-308, 19-320, and 19-323, Annotated Code of
Date Origi	nally Ade	opted	or Last Amended Regulation .04A and .20A amended effective March 2017
Purpose:	institution them. The	ons sh he De	of these regulations to ensure that men and women confined in correctional all have adequate physical and psychological health care services available to partment of Correction is charged with the responsibility of coordinating ervices and health care services.
A. Review 01.01.3002	v Criteria 2.20E)	a. (Sta	ate Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR
(1) Do	the regul	ations	continue to be necessary for the public interest? X Yes No
(2) Do	the regul	ations	continue to be supported by statutory authority and judicial opinion? X Yes No
			s obsolete or otherwise appropriate for amendment or repeal? Yes X No s effective in accomplishing their intended purpose? X Yes No
			rch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)
(1) Lis	st any stal I input int	keholo to the	lers invited to review the regulations and provide a summary of their participation in review process.
M	laryland l	Depar	tment of Public Safety and Correctional Services
(2) Lis	st any oth ir particip	er affe	ected agencies that were invited to review the regulations and provide a summary of in and input into the review process.
N	/A		
(a) (b) (c) (d)	any notic any notic any notic regulatio	e pub e pub e post n revi ng by	the adopting authority; and
co	mment p	eriod.	6 the regulations were posted for comment on the OHCQ website for a 30 day Additionally, e-mails were sent to industry representatives identified by the Manager.

	(4)	Provide summaries of: (a) all comments received f (b) the adopting authority's	from stakeholders, affected units, or the pub responses to those comments.	olic; and
		No comments were receive	se to the e-mail campaign.	
	(5)	Describe any interunit conf	lict reviewed and the resolution or propose	d resolution of that conflict.
		None		
	(6)	Provide a summary of any	relevant scientific data gathered.	
		None		
	(7)	Provide a summary of any federal government.	relevant information gathered related to the	regulations of other states or the
		The program manager and for any conflicts with fede	the Assistant Attorney General reviewed law and none were noted.	0.07.12 to assess the chapter
	(8)	Provide a summary of any	other relevant information gathered.	
		The program manager soli	cited comments from OHCQ hospital surve	eyors and program staff.
	Adı Has	ndards being applied or enfo ministrative Procedure Act?	regulations required by recent legislation?	ations, in accordance with the
		N/A		34
Sur	D. (d	check all that apply) X	vernment Article, §10-135(a)(2)(ix) – (xi), no action amendment repeal repeal and adopt new regulations reorganization	Annotated Code of Maryland)
Sui	111116	ary.		
'	The		0.07.12 with internal staff and solicited inpere posted for public comment, however no 2 will be made.	
			D	N. I. D.W.
			Person performing review	: Matthew E. Weiss
			Title	Health Policy Analyst for Government Affairs

Chapter Codification:		10.07.17		
Chapter Name: Limited S		ed Service Hospital		
Authority		eneral Article, §§19-301, 19-307, 19-307.1, 19-308, 19-319, 19-320, and 19-323, d Code of Maryland	,	
Date Orig	ginally Adopted	or Last Amended: Regulation .03A and .04A amended effective March 13, 2017.		
Purpose:	The purpose of the Limited Service hospital regulations is to regulate the licensure and provision of services in Limited Service hospitals in Maryland.			
A. Revie 01.01.300		rate Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR		
(1) Do	the regulation:	s continue to be necessary for the public interest? X Yes No		
(2) Do	the regulations	s continue to be supported by statutory authority and judicial opinion? X Yes	\square_{N}	
		ns obsolete or otherwise appropriate for amendment or repeal? Yes X		
(4) Ar	e the regulation	ns effective in accomplishing their intended purpose? X Yes No		
B. Outreach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Marylan				
(1) List any stakeholders invited to review the regulations and provide a summary of their participation in and input into the review process.			n in	
1	N/A. There are	currently no Limited Service Hospitals operating in Maryland.		
		fected agencies that were invited to review the regulations and provide a summary in and input into the review process.	y of	
1	N/A			
(a) (b) (c) (d)) any notice pub) any notice pub) any notice pos regulation rev	y the adopting authority; and	es of	
		2016 OHCQ posted information on its website to notify all stakeholders of the 30 day comment period.		

(4)	(a) all comments received from stakeholders, affected units, or the public; and (b) the adopting authority's responses to those comments.
	No comments were received.
(5)	Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.
	None
(6)	Provide a summary of any relevant scientific data gathered.
	None
(7)	Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.
	The program manager and the Assistant Attorney General reviewed 10.07.17 to assess the chapter for any conflicts with federal law and none exist.
(8)	Provide a summary of any other relevant information gathered.
	None
star Ada Has	der COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or indards being applied or enforced which should be promulgated as regulations, in accordance with the ministrative Procedure Act? Yes X No s the agency promulgated all regulations required by recent legislation? X Yes No vide explanations of the above responses, as needed:
1	N/A
	check all that apply) X no action amendment repeal repeal and adopt new regulations reorganization Annotated Code of Maryland) X no action amendment repeal repeal and adopt new regulations reorganization
The	OHCQ reviewed COMAR 10.07.17 with internal staff and solicited input from external stakeholders. regulations in this chapter were posted for public comment, however no comments were received. refore, no changes to 10.07.17 will be made.
	Person performing review: Matthew E. Weiss
	Title: Health Policy Analyst for

Chapter Codification:		ition:	10.07.18		
Chapter	Name:	Comp	rehensive Rehabilit	ation Facilities	
	Authority: Health-General Article, §19-1201 et seq., Annotated Code of Maryland				
Date Or	Date Originally Adopted or Last Amended: Regulation .04B, E amended effective March 13, 2017 (44:5 Md. R. 292)				
Purpose: The purpose of these regulations is of comprehensive rehabilitation factories home health agency or special rehabilitation.			sive rehabilitation f	is to promote the interests and general well-being of patients acilities within this state. This chapter does not apply to a nabilitation hospital.	
	iew Crite	eria. (Sta	ate Government Art	icle, §10-132(1)(i), Annotated Code of Maryland; COMAR	
		gulations	s continue to be nece	essary for the public interest? X Yes No	
				ported by statutory authority and judicial opinion? X Yes No	
			aplishing their intended purpose? X Yes No		
B. Outi	3. Outreach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland			nent Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)	
 List any stakeholders invited to review the regulations and provide a summary of their particip and input into the review process. 			w the regulations and provide a summary of their participation in		
			The second secon	eached out to the licensed comprehensive outpatient nments on the regulations.	
(2) I	List any o heir parti	other afforcipation	ected agencies that vin and input into the	were invited to review the regulations and provide a summary of e review process.	
			ealth Care Quality s aryland Health Care	olicited comments on the regulations via phone calls with e Commission.	
((a) any no b) any no c) any no regula d) any ma	otice pub otice pub otice position revi ailing by	lished in the Maryla lished in newspaper ted on the unit's wel	rs of general circulation; osite or on a Statewide website created for units to post notices of	

On August 12, 2016 the OHCQ the regulations were posted on the OHCQ website for a thirty-day comment period. Additionally OHCQ sent e-mail notifications to critical stakeholders and groups as identified by OHCQ program managers.

(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	c; and					
	After reaching out to providers, stakeholders, and agencies, no comments regarding 10.07.18 were received from stakeholders.						
(5)	Describe any interunit conflict reviewed and the resolution or proposed resolution of that conflict.						
	None						
(6)	Provide a summary of any relevant scientific data gathered.						
	None						
(7)	Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.						
	The program manager and the Assistant Attorney General have reviewed chapter for any conflicts with federal law and none were found.	ed 10.07.18 to assess the					
(8)	Provide a summary of any other relevant information gathered.						
	The program manager solicited comments from OHCQ comprehensive rehabilitation facility surveyors.						
 C. Under COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, standards being applied or enforced which should be promulgated as regulations, in accordance with Administrative Procedure Act? Yes X No Has the agency promulgated all regulations required by recent legislation? X Yes No 							
Pro	vide explanations of the above responses, as needed:						
1	N/A						
(Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), A check all that apply) X no action amendment repeal repeal and adopt new regulations reorganization	nnotated Code of Maryland)					
Summa	ary:						
The	OHCQ reviewed COMAR 10.07.18 with internal staff and solicited input regulations in this chapter were posted for public comment, however no crefore, no changes were necessary.	t from external stakeholders. comments were received.					
	Person performing review:	Matthew E. Weiss					
	Title:	Health Policy Analyst for Government Affairs					

Chapter (Codifica	ition:	10.07.21			
Chapter Name: Hospice Care Programs						
Authority	Authority: Health-General Article, §§19-903 and 19-907, Annotated Code of Maryland					
Date Orig	ginally A	Adopted	or Last Amended: Regulation .04B amended effective August 29, 2016 (43:17 Md. R. 953); March 13, 2017 (44:5 Md. R. 292)			
Purpose:	This o	chapter a	applies to any general or limited hospice care program as defined in Health-le, §19-901, Annotated Code of Maryland.			
01.01.300 (1) Do (2) Do (3) An (4) An B. Outro (1) L	o the regother the resther the	gulations gulation gulation gulation d Resear stakeholo into the ice of He id, Councid – Nati	ste Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR continue to be necessary for the public interest? X Yes			
(2) List any other affected agencies that were invited to review the regulations and provide a their participation in and input into the review process.			ected agencies that were invited to review the regulations and provide a summary of			
	The Officalls wit	ice of He h Medic	ealth Care Quality solicited comments on the regulations via e-mail and phone aid, Maryland Health Care Commission, and the Maryland Board of Nursing.			
(3) D (a) (b) (c) (d) (e)	escribe) any no) any no) any no regula) any ma) any pu	the proce tice pub- tice pub- tice post tion revi- ailing by blic hear	ess used to solicit public comment, including: lished in the Maryland Register; lished in newspapers of general circulation; ed on the unit's website or on a Statewide website created for units to post notices of ew; the adopting authority; and ring held.			
c	ommen	t period.	6 the OHCQ the regulations were posted on the OHCQ website for a thirty-day Additionally OHCQ sent e-mail notifications to critical stakeholders and groups as			

identified by OHCQ program managers.

	(4)	Provide summaries of: (a) all comments received from stakeholders, affected units, or the public (b) the adopting authority's responses to those comments.	e; and
		After reaching out to licensed providers, stakeholders, and agencies, we a consensus was reached on the adequacy of the existing regulations.	e received no comments and
	(5)	Describe any interunit conflict reviewed and the resolution or proposed in	resolution of that conflict.
		None	
	(6)	Provide a summary of any relevant scientific data gathered.	_
		None	
	(7)	Provide a summary of any relevant information gathered related to the refederal government.	egulations of other states or the
		The program manager and the Assistant Attorney General have reviewed chapter for any conflicts with federal law and none were found.	ed 10.07.21 to assess the
	(8)	Provide a summary of any other relevant information gathered.	,
		The program manager solicited comments from OHCQ hospice care pro	ogram surveyors.
	Stan Adr Has	der COMAR 01.01.2003.20E(3), does the agency have any existing policidards being applied or enforced which should be promulgated as regulation in the agency promulgated all regulations required by recent legislation?	ons, in accordance with the X Yes No
		vide explanations of the above responses, as needed:	
		/A	
D.	Act (c	ions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Anno check all that apply) X no action amendment repeal repeal and adopt new regulations reorganization	tated Code of Maryland)
Sun	nma	ry:	
]	The i	OHCQ reviewed COMAR 10.07.21 with internal staff and solicited input regulations in this chapter were posted for public comment, however no cefore, no changes are necessary.	from external stakeholders. omments were received.
		Person performing review:	Matthew E. Weiss
		Title:	Health Policy Analyst for Government Affairs

Chapter C	Codification:	10.08.01		
Chapter N	Name: Constr	ruction Funds For P	ublic and Nonprofit Nursing Homes	
Authority	: Health Genera of Maryland), Annotated Code of Maryland and Chapter 228, Laws	
Date Orig	inally Adopted	or Last Amended:	Originally Adopted November 13, 1985, Last Amended on December 5, 1994.	
Purpose: These regulations are intended to assist eligible applicants in the construction, expansion, renovation, and equipping of nursing homes.				
A. Revie 01.01.300		ite Government Arti	icle, §10-132(1)(i), Annotated Code of Maryland; COMAR	
(1) Do	the regulations	continue to be nece	essary for the public interest? X Yes No	
(2) Do the regulations continue to be supported by statutory authority and judicial opinion? X			ported by statutory authority and judicial opinion? X Yes N	
(3) Are the regulations obsolete or otherwise appropriate for amendment or repeal? X Yes Yes				
(4) Ar	e the regulations	s effective in accom	plishing their intended purpose? X Yes No	
B. Outre	ach and Resear	rch. (State Governm	nent Article, §10-135(a)(2)(i)-(viii), Annotated Code of Maryland	
 List any stakeholders invited to review the regulations and provide a summary of their participation and input into the review process. 			w the regulations and provide a summary of their participation in	
s e v	stakeholders wer email provided a website where st	re emailed and notiful link to the Office of	I to review the regulations and provide comments. These ied that the regulations were currently being reviewed. The f Capital Planning, Budgeting, and Engineering Services view the regulations and provide comments and feedback to an	
		ected agencies that v	were invited to review the regulations and provide a summary of e review process.	
Not applicable.				
(2) D	agariba tha nuag	agg ugad to galiait m	ublic comment including	

- (3) Describe the process used to solicit public comment, including:
 - (a) any notice published in the Maryland Register;
 - (b) any notice published in newspapers of general circulation;
 - (c) any notice posted on the unit's website or on a Statewide website created for units to post notices of regulation review;
 - (d) any mailing by the adopting authority; and

(e) any public hearing held.

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

- (4) Provide summaries of:
 - (a) all comments received from stakeholders, affected units, or the public; and
 - (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

There are 228 Nursing Homes in Maryland, of which 214 have dual Medicare and Medicaid certification, 10 have Medicare only certification, and 4 have Medicaid only certification. The percentage of certified beds occupied has remained constant at 86%. The 2016 annual Maryland Nursing Home Care cost for a semi-private room is \$113,333 (State Median) with a 5% five year annual growth based on 365 days of care.²

- 1 CMS Nursing Home Data Compendium, 2015. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/nursinghomedatacompendium_508-2015.pdf
- 2 The Genworth Cost Survey. Retrieved from: https://www.genworth.com/about-us/industry-expertise/cost-of-care.html
- (7) Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.

Nationwide 15,643 nursing homes participate in the Medicare and Medicaid programs. Consolidated Medicare and Medicaid requirements for participation in long term care (LTC) facilities (42 Code of Federal Regulations (CFR) part 483, subpart B) were first published in the Federal Register (FR) on February 2, 1989 (54 FR 5316). These regulations have been revised and added to since that time, principally as a result of legislation or a need to address a specific issue. However, despite substantial changes in service delivery in this setting there has not been a

comprehensive review and update since 1991 (56 FR 48826, September 26, 1991). The Centers for Medicare & Medicaid Services (CMS), the U.S. Department of Health and Human Services (HHS) published the final rule on October 4, 2016 the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs were revised. These changes were necessary to reflect the substantial advances made in the theory and practice of service delivery and safety for nursing homes. These revisions are also an integral part of the efforts to achieve broadbased improvements both in the quality of health care furnished through federal programs and in patient safety, while at the same time reducing procedural burdens on providers.² Statutory authority citations (Authority) were added to include, as an example, the compliance and ethics program. quality assurance and performance improvement (QAPI), and reporting of suspicion of a crime requirements. The definitions for "abuse", "adverse event", "exploitation", "misappropriation of resident property", "mistreatment", "neglect", "person-centered care", "resident representative", and "sexual abuse" were added. The requirement for facilities to investigate and report all allegations of abusive conduct was also added. The Authority added that facilities cannot employ individuals who have had a disciplinary action taken against their professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of residents or misappropriation of their property.2

- 1 Nursing Home Data Compendium 2015 Edition. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Certification/CertificationandComplianc/Downloads/nursinghomedatacompendium 508-2015.pdf
- 2 Centers for Medicare & Medicaid Services on 10/04/2016. Retrieved from: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-10-04.html
- (8) Provide a summary of any other relevant information gathered.

Generally the number of nursing homes has gradually declined over the past 10 years. In the latest available data, nationally the number of nursing homes participating in Medicare and Medicaid has decreased steadily from 2005 to 2014. Non-profit nursing homes have declined in number by 6.3% between 2010 and 2014, while for-profit nursing homes, which now constitute 69.8% of all nursing homes (and 72.2% of nursing home beds), increased by 1.6% over the same period. Government-owned nursing homes remain the smallest sector (6.2% of homes; 6.5% of beds) but have increased substantially in number since 2010 (an increase of 8.5%). From 2010 to 2014, dually participating nursing homes continued to become more prevalent, as the numbers of both Medicare-only and Medicaid-only nursing homes declined. In 2014, 92.2% of US nursing homes were dually certified. The number of Medicare-only nursing homes decreased by 1.4% to 764, while the number of Medicaid-only nursing homes saw the greatest decrease, dropping by 23.6% to 463, representing 3.0% of all homes and 2.1% of beds. Fourteen states have had an increase in the number of nursing homes, and there has been no net change in an additional eight states. Arizona (9.0%) and South Carolina (8.0%) had the largest increase; Montana (8.8%), Vermont (5.0%) and Connecticut (4.9%) had the biggest declines.

1 Nursing Home Data Compendium 2015 Edition. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationadCompliane/Downloads/nursinghomedatacompendium_508-2015.pdf

	Under COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or standards being applied or enforced which should be promulgated as regulations, in accordance with the Administrative Procedure Act? $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					
	Has the agency promulgated all regulations required by recent legislation? X Yes No					
	Provide explanations of the above responses, as needed:					

N/A	

D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply)

no action
X amendment
repeal
repeal and adopt new regulations
reorganization

Summary:

Department, Office and other entry names will be updated and corrected.

Person performing review:

James Soucy

Title:

Director, Office of Capital Planning, Budgeting and Engineering Services

Chapte	er Codific	ation:	10.08.02		
Chapte	er Name:	Constr and D	ruction Funds For P evelopmental Disab	ublic and Nonprofit Community Mental Health, Addiction, ilities Facilities	
Author	Authority: Health General Article, §2-102 and Title 24, Subtitle 6, Annotated Code of Maryland				
Date O	riginally	Adopted	or Last Amended:	Originally adopted February 23, 1987, Last amended on March 14, 2016	
Purpos	Thes	se regulati vation, an	ions are intended to ad equipping of men	assist eligible applicants in the acquisition, construction, tal health, addiction, and developmental disabilities facilities.	
A. Re v	view Crit	t eria. (Sta	ate Government Arti	cle, §10-132(1)(i), Annotated Code of Maryland; COMAR	
(1)	Do the re	gulations	continue to be nece	essary for the public interest? X Yes No	
(2)	(2) Do the regulations continue to be supported by statutory authority and judicial opinion? X Yes				
	(3) Are the regulations obsolete or otherwise appropriate for amendment or repeal? X Yes No				
(4)	(4) Are the regulations effective in accomplishing their intended purpose? X Yes No				
B. Ou	B. Outreach and Research. (State Government Article, §10-135(a)(2)(i)-(viii), Annotated Code of Marylan				
 List any stakeholders invited to review the regulations and provide a summary of their participation and input into the review process. 				w the regulations and provide a summary of their participation in	
All known stakeholders were invited to review the regulations and provide comments. These we providers that previously applied for funding or had previously expressed an interest in receiving grant funding under these regulations. These stakeholders were emailed and notified that the regulations were currently being reviewed. The email provided a link to the Office of Capital Planning, Budgeting, and Engineering Services website where stakeholders could review the regulations and provide comments and feedback to an email address that was provided.					
(2)	List any their part	other affe	ected agencies that vin and input into the	were invited to review the regulations and provide a summary of e review process.	
Not applicable.					
(2)	D'l	4l	an mand to collisit an	1.12	

- (3) Describe the process used to solicit public comment, including:
 - (a) any notice published in the Maryland Register;
 - (b) any notice published in newspapers of general circulation;

- (c) any notice posted on the unit's website or on a Statewide website created for units to post notices of regulation review;
- (d) any mailing by the adopting authority; and
- (e) any public hearing held.

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

- (4) Provide summaries of:
 - (a) all comments received from stakeholders, affected units, or the public; and
 - (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

In 2014, about 1 in 5 adults aged 18 or older (18.1 percent, or 43.6 million adults) had any mental illness (AMI) in the past year, and 4.1 percent (9.8 million adults) had serious mental illness (SMI). The percentage of adults with AMI remained stable from 2008 to 2014, and the percentage of adults with SMI in 2014 was similar to the percentages in 2010 to 2013. Approximately 21.5 million people aged 12 or older in 2014 had a substance use disorder (SUD) in the past year, including 17.0 million people with an alcohol use disorder, 7.1 million with an illicit drug use disorder, and 2.6 million who had both an alcohol use and an illicit drug use disorder. Estimates of binge drinking among people aged 12 or older did not change over the period from 2002 to 2014 (23.0 percent in 2014). Regardless of SMI status, alcohol dependence or abuse was more common than illicit drug dependence or abuse. In Maryland, services for persons with developmental disabilities are administered by the Developmental Disabilities Administration (DDA) in collaboration with the Maryland State Department of Education and the Department of Health and Mental Hygiene (DHMH) Office for Genetics and People with Special Health care needs. DDA partners with individuals with developmental disabilities and their families to provide leadership and resources to enable these individuals to live fulfilling lives. DDA is guided by the principle that individuals with developmental disabilities have the right to direct their lives and services. In 2015, the total unduplicated number of persons with disabilities receiving state-funded services in nursing facilities, assisted living facilities, or community alternatives was 29.039.2

¹ Office of Communications, SAMHSA, HHS

² Maryland Department of Disabilities. Retrieved from http://dda.dhmh.maryland.gov/Pages/home.aspx

	Under the Affordable Care Act, mental health and substance use disorder services are among the 10 essential health benefits that most health insurance plans must cover. This includes behavioral health treatment, counseling, and psychotherapy. For providers, the Affordable Care Act means a shift to new models of integrated care, such as health homes that coordinate care for people with chronic conditions, and value-based payment initiatives such as accountable care organizations (ACOs) that tie reimbursement to health outcomes. The disability rights movement has brought about significant progress and increased opportunities for people with intellectual and developmental disabilities. Landmark legislation has created meaningful change for people with disabilities and opened doors to employment, education, housing and other access to community life. More recently, however, one major law (the Budget Control Act of 2011) is posing a threat to
	the funding for all federal programs that the disability community has worked so hard to achieve. ²
	1 Center for Behavioral Health Statistics and Quality. (2015) Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from http://www.samhsa.gov/ data/"
	2 U.S. Department of Health and Human Services. Retrieved from https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/Index.aspx
(8)	Provide a summary of any other relevant information gathered.
	In 2014, about 3.3 percent of all adults had both any mental illness (AMI) and substance use disorder (SUD) in the past year, and 1.0 percent had both serious mental illness (SMI) and SUD. An estimated 340,000 adolescents aged 12 to 17 in 2014 (1.4 percent of all adolescents) had a SUD and a major depressive episode (MDE) in the past year. The estimate in 2014 for the co-occurrence of a MDE and a SUD in the past year among adolescents was similar to those in most years between 2006 and 2013. Medicaid, the Affordable Care Act (ACA), Supplemental Security Income (SSI), Social Security, Medicare and civil rights laws like the Americans with Disabilities Act (ADA) are critical for people with Intellectual/Developmental Disability (I/DD) and their families, providing benefits, supports, and civil rights protections that help make community living possible. ²
	1 Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from http://www.samhsa.gov/data/" 2 U.S. Department of Health and Human Services. Retrieved from https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/Index.aspx
O 11	
sta	der COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or ndards being applied or enforced which should be promulgated as regulations, in accordance with the liministrative Procedure Act? Yes X No
На	s the agency promulgated all regulations required by recent legislation? X Yes No
Pro	ovide explanations of the above responses, as needed:

(check all that apply)
no action

X amendment repeal repeal and adopt new regulations reorganization

Summary:

Department, Office and other entry names will be updated and corrected.

Person performing review:

James Soucy

Title:

Director, Office of Capital Planning, Budgeting and Engineering Services

Chapter Co	odifica	tion:	10.08.03	
Chapter N	ame:	Const	ruction Funds for Pu	ablic and Nonprofit Adult Day Care Centers
Authority:	ority: Health General Article, Title 24, Subtitle 7, Annotated Code of Maryland			
Date Origi	nally A	Adopted	or Last Amended:	Originally Adopted December 28, 1987, Last Amended August 1, 1994
Purpose:				assist eligible applicants in the conversion, acquisition, ipping of adult day care centers.
01.01.3002	2.20E)			icle, §10-132(1)(i), Annotated Code of Maryland; COMAR
				essary for the public interest? X Yes No
				ported by statutory authority and judicial opinion? X Yes No
(3) Are	the re	gulation	s obsolete or otherw	vise appropriate for amendment or repeal? X Yes No
(4) Are	e the re	gulation	s effective in accom	aplishing their intended purpose? X Yes No
B. Outrea	ich an	d Resea	rch. (State Governn	nent Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)
			ders invited to revie review process.	w the regulations and provide a summary of their participation in
gr re P	rovider rant fur gulation lanning	rs that pr nding ur ons were g, Budge	reviously applied for ader these regulation c currently being reveting, and Engineering	Ito review the regulations and provide comments. These were funding or had previously expressed an interest in receiving is. These stakeholders were emailed and notified that the iewed. The email provided a link to the Office of Capitaling Services website where stakeholders could review the ind feedback to an email address that was provided.
0.5 0.50			ected agencies that v	were invited to review the regulations and provide a summary of e review process.
N	ot app	licable.		×
(a) (b)	any no any no	otice pub otice pub	lished in the Maryla lished in newspaper	ublic comment, including: and Register; as of general circulation; as its or on a Statewide website created for units to post notices of

regulation review;

(d) any mailing by the adopting authority; and

(e) any public hearing held.

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

(4) Provide summaries of:

- (a) all comments received from stakeholders, affected units, or the public; and
- (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

Maryland licenses two types of adult day care services: Adult Day Care and Adult Medical Day Care. They are licensed through the Office of Health Care Quality (OHCQ) within the Department of Health and Mental Hygiene. A search of Adult Day Care Services in Maryland, which would include both types of facilities, provided a listing of more than 100 facilities. The average monthly cost for Maryland, according to the 2015 Genworth Financial Cost of Care Survey, was \$1,712 per month. The monthly base rate for Maryland adult day care is higher when compared to neighboring states (Pennsylvania \$1,300, Virginia \$1,408). Maryland, is also more expensive compared to the national average of \$1,473.\frac{1}{2}

1 2015 Genworth Financial Cost of Care Survey. Retrieved from https://www.genworth.com/about-us/industry-expertise/cost-of-care.html

(7) Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.

Long-term care services include a broad range of health, personal care, and supportive services that meet the needs of frail older people and other adults whose capacity for self-care is limited because of a chronic illness; injury; physical, cognitive, or mental disability; or other health-related conditions. Long-term care services include assistance with activities of daily living [(ADLs) e.g., dressing, bathing, and toileting], instrumental activities of daily living [(IADLs) e.g., medication management and housework]; and health maintenance tasks. Long-term care services assist people to improve or maintain an optimal level of physical functioning and quality of life, and can include help from other people and special equipment or assistive devices. In February 2016, the National Center for Health Statistics (NCHS) released a report entitled *Long-Term Care Providers and Services Users in the United States: Data from the National Study of Long-Term Care Providers*, 2013 – 2014. That report includes national descriptive information on the supply, organizational characteristics, staffing, and services offered by paid, regulated providers of long-term care services; and the demographic, health, and functional characteristics of users of these services. On

September 28, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final rule to make major changes to improve the care and safety of the nearly 1.5 million residents in the more than 15,000 long-term care facilities that participate in the Medicare and Medicaid programs. The policies in this final rule are targeted at reducing unnecessary hospital readmissions and infections, improving the quality of care, and strengthening safety measures for residents in these facilities.

Changes finalized in this rule include:

- Strengthening the rights of long-term care facility residents, including prohibiting the use of predispute binding arbitration agreements.
- Ensuring that long-term care facility staff members are properly trained on caring for residents with dementia and in preventing elder abuse.
- Ensuring that long-term care facilities take into consideration the health of residents when
 making decisions on the kinds and levels of staffing a facility needs to properly take care of its
 residents.
- Ensuring that staff members have the right skill sets and competencies to provide personcentered care to residents. The care plans developed for residents will take into consideration their goals of care and preferences.
- Improving care planning, including discharge planning for all residents with involvement of the
 facility's interdisciplinary team and consideration of the caregiver's capacity, giving residents
 information they need for follow-up after discharge, and ensuring that instructions are
 transmitted to any receiving facilities or services.
- Allowing dietitians and therapy providers the authority to write orders in their areas of expertise when a physician delegates the responsibility and state licensing laws allow.
- Updating the long-term care facility's infection prevention and control program, including requiring an infection prevention and control officer and an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.⁴
- 1 U.S. Department of Health and Human Services (HHS). Retrieved from: https://www.hhs.gov/
- 2 CDC Vital and Health Statistics, Series 3, Number 38, February 2016. Retrieved from: https://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf
- 3 National Center for Health Statistics (NCHS). Retrieved from: https://www.cdc.gov/nchs/
- 4 Centers for Medicare & Medicaid Services, Retrieved from: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-28.html

(8) Provide a summary of any other relevant information gathered.

In 2014, about 67,000 paid, regulated long-term care services providers served about nine million people in the United States. Long-term care services were provided by 4,800 adult day services centers, 12,400 home health agencies 4,000 hospices, 15,600 nursing homes, and 30,200 assisted living and similar residential care communities. In 2014, more than 1.5 million nursing employee full-time equivalents (FTEs)—including registered nurses (RNs), licensed practical nurses (LPNs) or licensed vocational nurses (LVNs), and aides— and about 35,200 social work employee FTEs worked in these sectors.

In 2014, about 67,000 paid, regulated long-term care services providers served about nine million people in the United States. Long-term care services provided by 4,800 adult day services centers, 12,400 home health agencies 4,000 hospices, 15,600 nursing homes, and 30,200 assisted living and similar residential care communities. In 2014, more than 1.5 million nursing employee full-time equivalents (FTEs)—including registered nurses (RNs), licensed practical nurses (LPNs) or licensed vocational nurses (LVNs), and aides— and about 35,200 social work employee FTEs worked in these sectors.

1 CDC Vital and Health Statistics, Series 3, Number 38, February 2016. Retrieved from: https://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf

C. Under COMAR 01.01.2003.20E(3), does the agency have any existing policy standards being applied or enforced which should be promulgated as regulating Administrative Procedure Act? Yes X No Has the agency promulgated all regulations required by recent legislation? Provide explanations of the above responses, as needed:	y statements, guidelines, or ons, in accordance with the X Yes No			
N/A				
D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annot (check all that apply) no action X amendment repeal repeal and adopt new regulations reorganization	tated Code of Maryland)			
Summary:				
Department, Office and other entry names will be updated and corrected.				
Person performing review:	James Soucy			
Title:	Director, Office of Capital Planning, Budgeting and Engineering Services			

Chapter Codification: 10.08.04				
Chapter Name: Construction Funds for Public and Nonprofit Assisted Living Facilities				
Authority: Health General Article, §§24-1001—24-1007, Annotated Code of Maryland				
Date Originally Adopted or Last Amended: Originally Adopted December 10, 2001				
Purpose: These regulations are intended to assist eligible applicants in the conversion, acquisition, construction, renovation, and equipping of assisted living facilities.				
A. Review Criteria. (State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR 01.01.3002.20E)				
(1) Do the regulations continue to be necessary for the public interest? $X ext{Yes} ext{No}$				
(2) Do the regulations continue to be supported by statutory authority and judicial opinion? X Yes No				
(3) Are the regulations obsolete or otherwise appropriate for amendment or repeal? X Yes N_0				
(4) Are the regulations effective in accomplishing their intended purpose? X Yes No				
B. Outreach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)				
 List any stakeholders invited to review the regulations and provide a summary of their participation in and input into the review process. 				
All known stakeholders were invited to review the regulations and provide comments. These stakeholders were emailed and notified that the regulations were currently being reviewed. The email provided a link to the Office of Capital Planning, Budgeting, and Engineering Services website where stakeholders could review the regulations and provide comments and feedback to an email address that was provided.				
(2) List any other affected agencies that were invited to review the regulations and provide a summary of their participation in and input into the review process.				
Not applicable.				
 (3) Describe the process used to solicit public comment, including: (a) any notice published in the Maryland Register; (b) any notice published in newspapers of general circulation; (c) any notice posted on the unit's website or on a Statewide website created for units to post notices of 				

- (d) any mailing by the adopting authority; and
- (e) any public hearing held.

regulation review;

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

(4) Provide summaries of:

- (a) all comments received from stakeholders, affected units, or the public; and
- (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

The United States has an estimated 22,200 residential assisted living facilities with 713,300 residents based on a 2012 study conducted by the National Center for Health Statistics. Nearly half of the facilities with 50 or more units had dementia care services and 52 percent were certified to receive Medicaid payments. Although states generally have provisions covering areas such as staff training, their requirements vary considerably. Forty states require direct care worker training, but the number of required training hours ranges from 1 to 80. In 2014, the Centers for Medicare and Medicaid Services established requirements for community-based service providers, including residential care settings that receive Medicaid payments for services provided to eligible residents. The requirements address characteristics and standards that must be present for a setting to be considered non-institutional. Some states may need to revise their residential care regulations to comply with the requirements regarding, for example, person-centered planning, privacy, choice of roommate, access to food, and other issues related to autonomy and choice. In Maryland, assisted living programs are overseen by the Assisted Living Unit within the Department of Health and Mental Hygiene (DHMH). There are 350 assisted living residences in Maryland with 10 or more beds, and the State requires each of the assisted living facilities to complete a Uniform Disclosure form describing the policies and services provided. The cost of providing assisted living residences is usually paid for out of private funds; however there is a Maryland program called the Senior Assisted Group Home Subsidy Program which provides State funds for eligible residents who are unable to afford the cost of assisted living and might otherwise be in nursing homes. The subsidy supports the cost of services provided in assisted living residences. In order to use this program a client must have low or moderate income and meet other eligibility requirements.²

¹ Urban Institute analysis for the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE). Retrieved from: https://aspe.hhs.gov/report/performance-improvement-2001/office-assistant-secretary-planning-and-evaluation-aspe

² U.S. Department of Health & Human Services, Compendium of Residential Care and Assisted Living Regulations and Policy. Retrieved from: https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

	There are no federal rules or regulations for Assisted Living service providers. Residential care settings are licensed and regulated at the state level. In Maryland the Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene (DHMH) charged with monitoring the quality of care in Maryland's health care facilities and community-based programs. In Pennsylvania, the Bureau of Human Services Licensing (BHSL) is responsible for the oversight of the Assisted Living Residences (55 Pa.Code Chapter 2800). In Virginia, the Virginia Board of Long-Term Care Administrators is responsible for the oversight of the Assisted Living Residences.
	1 National Center on Assisted Living, Assisted Living State Regulatory Review 2007 (March 2007). Retrieved from: http://www.ncal.org/about/2007_reg_review.pdf .
(8)	Provide a summary of any other relevant information gathered.
	In the U.S. the majority of assisted living residents are White and non-Hispanic (87 percent), female (72 percent), and over the age 85 (51 percent). These residents have chronic health conditions that may require monitoring, medical treatment, and/or result in physical or cognitive impairments. The ten most frequent conditions (based on the National Survey of Residential Care Facilities) were high blood pressure (57 percent), Alzheimer's disease or other dementias (42 percent), heart disease (34 percent), depression (28 percent), arthritis (27 percent), osteoporosis (21 percent), diabetes (17 percent), chronic obstructive pulmonary disease and allied conditions (15 percent), cancer (11 percent), and stroke (11 percent). About a quarter of residents (26 percent) had 4-10 chronic health conditions. ¹
	1 USDHHS Compendium of Residential Care and Assisted Living Regulations and Policy 2015 Edition. Retrieved from: https://aspe.hhs.gov/system/files/pdf/110391/15alcom.pdf
Star Ada Has	der COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or ndards being applied or enforced which should be promulgated as regulations, in accordance with the ministrative Procedure Act? X Yes X No sthe agency promulgated all regulations required by recent legislation? X Yes X No
Pro	vide explanations of the above responses, as needed:
	N/A
1	N/A

reorganization

Summary	
Dunning y	

Department, Office and other entry names will be updated and corrected.

Person performing review:

James Soucy

Title:

Director, Office of Capital Planning, Budgeting and Engineering Services

Chapter C	odifica	tion:	10.08.05	
Chapter N	ame:	Const	ruction Funds for Federally Qualified Health Centers	
Authority:	Неа	alth Gen	eral Article, §§24-1301—24-1307, Annotated Code of Maryland	
Date Origi	inally A	dopted	or Last Amended: Originally adopted April 24, 2006	
Purpose:	These	regulati ruction,	ons are intended to assist eligible applicants in the conversion, acquisition, renovation, and equipping of federally qualified health centers (FQHC).	
A. Reviev 01.01.3002	v Crite 2.20E)	ria. (Sta	te Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR	
(1) Do	the reg	ulations	continue to be necessary for the public interest? X Yes No	
(2) Do	the reg	ulations	continue to be supported by statutory authority and judicial opinion? X Yes No	
(3) Are	(3) Are the regulations obsolete or otherwise appropriate for amendment or repeal? X Yes No			
(4) Are	the reg	gulation	s effective in accomplishing their intended purpose? X Yes No	
B. Outrea	ich and	l Reseau	ch. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)	
(1) Lis	st any s l input i	takeholo into the	lers invited to review the regulations and provide a summary of their participation in review process.	
gi re P	roviders rant fun egulatio lanning	s that proding un ns were , Budge	holders were invited to review the regulations and provide comments. These were eviously applied for funding or had previously expressed an interest in receiving der these regulations. These stakeholders were emailed and notified that the currently being reviewed. The email provided a link to the Office of Capital ting, and Engineering Services website where stakeholders could review the provide comments and feedback to an email address that was provided.	
(2) Lis	st any o ir partic	ther affe	ected agencies that were invited to review the regulations and provide a summary of in and input into the review process.	
N	ot appli	icable.		
(a)	any not	ice publ	ess used to solicit public comment, including: ished in the Maryland Register; ished in newspapers of general circulation;	

(c) any notice posted on the unit's website or on a Statewide website created for units to post notices of

regulation review; (d) any mailing by the adopting authority; and

(e) any public hearing held.

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

- (4) Provide summaries of:
 - (a) all comments received from stakeholders, affected units, or the public; and
 - (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

In Maryland, there are 17 FQHC providers including one urban Native American Clinic (Baltimore City) and a Washington D.C. based FQHC that has established sites in Maryland (Montgomery and Prince George's counties). There are a total of 149 service delivery sites across Maryland and 17 administrative sites (total 166 FQHC sites). According to data published by Health Resources & Services Administration (HRSA) there were 303,352 patients served by FQHCs in Maryland in 2015. 1

1 Uniform Data System Report 2015. Retrieved from: https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2013&state=MD#glist

(7) Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.

FQHC benefits under Medicare were added effective October 1, 1991, when Section 1861(aa) of the Social Security Act was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990. FQHCs are safety net providers that primarily provide services typically furnished in an outpatient clinic. FQHCs include community health centers, migrant health centers, health care for the homeless health centers, public housing primary care centers, and health center program "look a likes." They also include outpatient health programs or facilities operated by a tribe. There are a total of 1,375 Federally Qualified Health Centers in the United States. In 2015, the number of patients served by the FQHC's in the U.S was 24,2958,946. The largest number of total FQHC encounters or visits are in New York (9,109,689) and the lowest in Northern Mariana Islands (3,472). In Maryland there were 1,313,872 total FQHC encounters or visits in 2015.

¹ DHHS Center for Medicare & Medicaid Services. Retrieved from: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf

² HRSA Health Center Data: Health Center Program Grantee Data, 2015. Retrieved from: https://bphc.hrsa.gov/uds/datacenter.aspx

³ HRSA Program Grantee Data Comparison. Retrieved from: https://bphc.hrsa.gov/uds/datacomparisons.aspx

(8) Provide a summary of any other relevant information gathered.
Maryland Medicaid Policy Changes FY 2016 and FY 2017
 Eligibility, Application and Renewal Policies¹ Participating in Connecting Criminal Justice with Health Care learning collaborative to identify best practices for Maryland. Does not suspend or terminate coverage, but restricts payments to inpatient hospital stays longer than 24 hours.
 Delivery System and Payment Reforms¹ Health Choice Section 1115 waiver renewal filed in June 2016 proposing new initiatives, including residential treatment for substance use disorder in facilities regardless of size; local pilots to provide limited housing related services for certain individuals who are homeless or at risk of homelessness; and local pilots to provide home visiting for high risk pregnant women. (While the waiver renewal has a proposed effective date of January 1, 2017; many changes are proposed to be effective July 1, 2017).
Provider Rates and Provider Fees ¹ • In 2016, there were across the board rate increases, except for nursing facilities. • Rate increases for nursing facilities, hospitals and managed care organizations (MCOs) were set a 5.9% in CY 2016 and 1% in CY 2017.
 Benefits and Pharmacy¹ Benefits for Behavioral Analysis services were added for qualified children with Autism Spectrum Disorder. (FY 2016) Section 1115 waiver renewal was revised in FY 2017 to extend dental benefits to young adults aging out of the foster care system. In 2016, Physician Assistants were added as a new provider type. The state intends to expand use of prior authorization requirements for use of Fentanyl and Methadone in fee for service (FFS) arrangements in FY 2017 and all Fentanyl products in MCOs in FY 2017. The state is implementing enhanced education efforts in both FFS and MCO arrangements in FY 2017, sending letters to patients and providers when patients are receiving high dose or other high risk combinations of drugs.
1 The Henry J. Kaiser Family Foundation. Retrieved from: http://kff.org/search/?s=Maryland
Under COMAR 01.01.2003.20E(3), does the agency have any existing policy statements, guidelines, or standards being applied or enforced which should be promulgated as regulations, in accordance with the Administrative Procedure Act? $\boxed{}$ Yes $\boxed{}$ No
Has the agency promulgated all regulations required by recent legislation? X Yes No
Provide explanations of the above responses, as needed:
N/A
Actions Needed. (State Government Article 810-135(a)(2)(iv) – (vi) Appostated Code of Maryland)

D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply)

C.

no action
X amendment
repeal
repeal and adopt new regulations
reorganization

Summary:

Department, Office and other entry names will be updated and corrected.

Person performing review:

James Soucy

Title:

Director, Office of Capital Planning, Budgeting and Engineering Services

Chapter Codifica	tion: 10.08.06				
Chapter Name:	Construction Funds for Conversion of Nursing Facilities				
Authority: Hea	alth General Article, §§24-1401—24-1408, Annotated Code of Maryland				
Date Originally A	Adopted or Last Amended: Originally Adopted August 13, 2007				
	These regulations are intended to assist eligible applicants in the conversion of existing nursing facilities.				
A. Review Crite 01.01.3002.20E)	eria. (State Government Article, §10-132(1)(i), Annotated Code of Maryland; COMAR				
(1) Do the reg	gulations continue to be necessary for the public interest? X Yes No				
(2) Do the reg	gulations continue to be supported by statutory authority and judicial opinion? X Yes N_0				
(3) Are the re	(3) Are the regulations obsolete or otherwise appropriate for amendment or repeal? X Yes N_0				
(4) Are the re	(4) Are the regulations effective in accomplishing their intended purpose? X Yes No				
B. Outreach and Research. (State Government Article, §10-135(a)(2)(i)–(viii), Annotated Code of Maryland)					
	(1) List any stakeholders invited to review the regulations and provide a summary of their participation in and input into the review process.				
stakehol email pr website	wn stakeholders were invited to review the regulations and provide comments. These ders were emailed and notified that the regulations were currently being reviewed. The ovided a link to the Office of Capital Planning, Budgeting, and Engineering Services where stakeholders could review the regulations and provide comments and feedback to an dress that was provided.				
	other affected agencies that were invited to review the regulations and provide a summary of cipation in and input into the review process.				
Not appl	icable.				
(a) any no	the process used to solicit public comment, including: tice published in the Maryland Register; tice published in newspapers of general circulation;				

(c) any notice posted on the unit's website or on a Statewide website created for units to post notices of

- (d) any mailing by the adopting authority; and
- (e) any public hearing held.

regulation review;

There were various methods utilized in order to solicit public comment for these regulations. A notice was published in the Maryland Register notifying the public that these regulations were being reviewed and the Maryland Department of Health and Mental Hygiene is inviting public comments for these regulations. In addition, a notice was posted on the website for the Office of Capital Planning, Budgeting, and Engineering Services (OCPBES) notifying the public that these regulations were currently being reviewed and public comments were being solicited. The website also contained links to these regulations and an email address where the public and stakeholders could send their comments. Also, all known stakeholders were emailed and notified that these regulations were currently being reviewed. The email provided a link to the OCPBES website where stakeholders could review the regulations and provide comments. A public hearing was also planned, however due to the lack of any comments from the public or from stakeholders, a public hearing was not held.

- (4) Provide summaries of:
 - (a) all comments received from stakeholders, affected units, or the public; and
 - (b) the adopting authority's responses to those comments.

There were no comments received from stakeholders, affected units, or the public.

(5) Describe any inter-unit conflict reviewed and the resolution or proposed resolution of that conflict.

There was no inter-unit conflict regarding these regulations.

(6) Provide a summary of any relevant scientific data gathered.

There is a considerable increase in the construction of assisted living facilities and some health care facilities are converting whole floors, wings or parts of wings from nursing home or hospital occupancy to assisted living units. The Department of Housing and Urban Development (HUD) has an Assisted Living Conversion Program (ALCP) to provide private, nonprofit owners of eligible developments with grants to convert some or all of the dwellings units in the project into an Assisted Living Facility (ALF) or Service-Enriched Housing (SEH) for elderly residents aging in place.¹

1 U.S. Department of Housing and Urban Development. Retrieved from: https://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/alcp

(7) Provide a summary of any relevant information gathered related to the regulations of other states or the federal government.

HUD's Assisted Living Conversion Program is designed to test new approaches to assist low-income seniors in remaining in their current residences. HUD has an Assisted Living Conversion Program (ALCP) to provide private, nonprofit owners of eligible developments with grants to convert some or all of the dwellings units in the project into Assisted Living Facility (ALF) or Service-Enriched Housing (SEH) for elderly residents aging in place.

1 U.S. Department of Housing and Urban Development. Retrieved from: https://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2017/HUDNo_17-007

(8) Provide a summary of any other relevant information gathered.

On January 13, 2017 HUD awarded \$15 million three year grant to select owners of HUD-assisted senior housing developments. These three-year grants will produce evidence about the effectiveness of this enhanced supportive services model for elderly households and to evaluate the value of enhanced service coordination paired with affordable housing for seniors. Two facilities in

Maryland were among the grantees, Arlington II Non-Profit Housing in Baltimore and the Harry and Jeannett Weinberg Village in Owings Mills.¹

1 U.S. Department of Housing and Urban Development. Retrieved from: https://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2017/HUDNo_17-007

C. Under COMAR 01.01.2003.20E(3), does the agency have any existing polic standards being applied or enforced which should be promulgated as regulat Administrative Procedure Act? Yes X No	y statements, guidelines, or ions, in accordance with the				
Has the agency promulgated all regulations required by recent legislation?	X Yes No				
Provide explanations of the above responses, as needed:					
N/A					
D. Actions Needed. (State Government Article, §10-135(a)(2)(ix) – (xi), Annotated Code of Maryland) (check all that apply) no action					
X amendment repeal repeal and adopt new regulations reorganization					
Summary:					
Department, Office and other entry names will be updated and corrected.					
Person performing review:	James Soucy				
Title:	Director, Office of Capital Planning, Budgeting and Engineering Services				
	2				