MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD
	11/19/2015	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 12/28/2015

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	09	05	01, .03 and .06

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator
Michele Phinney

Telephone Number
410-767-5623

Mailing Address

201 W. Preston Street

City	State	Zip Code
Baltimore	MD	21201

Email
michele.phinney@maryland.gov

5. Name of Person to Call About this Document
Emma Calvet

Telephone No.
410-767-0579

Email Address
emma.calvet@maryland.gov

6. Check applicable items:

_ New Regulations

X- Amendments to Existing Regulations

Date when existing text was downloaded from COMAR online: October 21, 2015.

_ Repeal of Existing Regulations

_ Recodification

_ Incorporation by Reference of Documents Requiring DSD Approval

_ Reproposal of Substantively Different Text:

: Md. R

(vol.) (issue) (page nos) (date)

Under Maryland Register docket no.: --P.

7. Is there emergency text which is identical to this proposal:

_ Yes **X-** No

8. Incorporation by Reference

_ Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

9. Public Body - Open Meeting

_ OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

_ OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

10. Children's Environmental Health and Protection

_ Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by David Lapp, Assistant Attorney General, (telephone #410-767-5292) on October 20, 2015. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Van T. Mitchell

Title	**Telephone No.**
Secretary	410-767-6500

Date

November 18, 2015

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 09 MEDICAL CARE PROGRAMS
10.09.05 Dental Services

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

Notice of Proposed Action

[]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .03, and .06 under COMAR 10.09.05 Dental Services.

Statement of Purpose

The purpose of this action is to change the requirements for pre-authorization of orthodontic dental services and to clarify regulatory language related to mobile dental clinics.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

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

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499; TTY:800-735-2258, or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through January 27, 2016. A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2016
B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:
Changes made pertain strictly to definitions and documentation.
F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.
See E.
G. Small Business Worksheet:

Attached Document:

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.05 Dental Services

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

10.09.05.01 (10/21/15)

.01 Definitions.
A. (text unchanged)
B. Terms Defined.
(1)—(25) (text unchanged)
(26)" Primary dental office" means the dental care provider responsible for coordinating, integrating, and providing dental care for the participant.
[(26)**]** *(27)*—**[**(31)**]** *(32)* (text unchanged)

.03 Provider Qualifications and Conditions for Participation.
A.—E. (text unchanged)
F. Mobile Dental Unit.
(1)—(3) (text unchanged)
(4) The mobile dental unit shall have *and utilize the* electronic technology that enables the same day exchange of patient records with the primary dental office.
(5) The mobile dental unit's service area shall be limited to 30 miles in a rural setting and 10 miles in an urban setting from the primary dental office *that the mobile dental unit is either owned by or with which the dental office holds a legally binding contract*.

(6) A mobile dental unit shall:

(a)—(b) (text unchanged)

(c) Obtain written, informed consent from a parent or legal guardian before treating a minor;

(d)—(e) (text unchanged)

(f) Obtain, *keep current, and make readily available* all applicable county and city licenses or permits necessary to operate the mobile dental unit**[;]** *which would include the active dentist, hygienist and dental assistant licenses and the dental radiographic and imaging equipment permits.*

(g) Provide an update to the Department regarding any mobile dental unit provider changes within 72 hours;

[(g)**]** *(h)*—**[**(l)**]** *(m)* (text unchanged)

[(m)**]** *(n)* Have a **[**dental**]** chair *designed and purposed exclusively for the provision of dental services*;

[(n)**]** *(o)*—**[**(t)**]** *(u)* (text unchanged)

(7)—(8) (text unchanged)

.06 Preauthorization Requirements

A.—E. (text unchanged)

F. Preauthorization is required for traditional orthodontic services and for self-ligating braces for the correction of medically necessary conditions, which cause dysfunction due to a handicapping malocclusion. At a minimum the following comprehensive pretreatment documentation shall be submitted:

[(1) Upper and lower study models;**]**

[(2)**]** *(1)*—**[**(3)**]** *(2)* (text unchanged)

[(4)**]** **[**Extra-oral**]** *(3) 6-8 diagnostic quality extra-oral* and intra-oral photographs;

[(5)**]** *(4)*—**[**(7)**]** *(6)* (text unchanged)

VAN T. MITCHELL

Secretary of Health and Mental Hygiene