

MARYLAND REGISTER

Proposed Action on Regulations

Comparison to Federal Standards Submission and Response

Name: Michele Phinney
Agency: Department of Health and Mental Hygiene
Address: 201 W. Preston Street
State: MD
Zip: 21201
Phone: 410-767-5623
Email: michele.phinney@maryland.gov

In accordance with Executive Order 01.01.1996.03 and memo dated July 26, 1996, the attached document is submitted to the Department of Business and Economic Development for review.

The Proposed Action is not more restrictive or stringent than corresponding federal standards.

COMAR Codification: 10.09.24.04

Corresponding Federal Standard:
42 CFR 435.907, 435.923.

Discussion/Justification:

The proposed action is not more constrictive or stringent than the corresponding federal standard because the proposal is consistent with federal requirements.

TO BE COMPLETED BY DBED

- Agree

-Disagree

Comments:

Commerce does not have the subject matter expertise in this area. However, we believe the Department of Health and Mental Hygiene does and we trust the assertion that the regulation is not more restrictive/stringent than corresponding federal regulations.

Name: Sandy Popp

Date: 12/2/2015

_-Submit to Governor's Office
Governor's Office Response

Comments:

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee 12/02/2015	TO BE COMPLETE D BY DSD Date Filed with Division of State Documents Document Number Date of Publication in MD Register

**Title 10
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.24 Medical Assistance Eligibility

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

Notice of Proposed Action

□

The Secretary of Health and Mental Hygiene proposes to amend Regulation .04 under COMAR 10.09.24 Medical Assistance Eligibility.

Statement of Purpose

The purpose of this action is to remove obsolete text from current Medicaid application signature requirements permitting an applicant to sign an application through an

1. Desired date of publication in Maryland Register: 1/8/2016

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	09	24	04

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator	Telephone Number
Michele Phinney	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
- Amendments to Existing Regulations
Date when existing text was downloaded
from COMAR online: October 28, 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 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

authorized representative
without regard to the
applicant's physical or
mental condition.

**Comparison to Federal
Standards**

There is a corresponding
federal standard to this
proposed action, but the
proposed action is not
more restrictive or
stringent.

**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
an impact on individuals
with disabilities as
follows:

Disabled individuals will
be able to use their
authorized representative
to sign a Medicaid
application without
furnishing medical
certification of incapacity
to sign.

**Opportunity for Public
Comment**

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 November 16, 2015. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Van T. Mitchell

Title

Secretary

Date

December 1, 2015

Telephone No.

410-767-6500

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 dhnh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through February 8, 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:

This amendment has no economic impact because it eliminates obsolete language to support existing procedures for requiring applicants to sign applications in person unless they furnished medical evidence permitting use of an authorized representative. Because eligibility workers have already been instructed and trained in the existing procedure, we expect that clarifying COMAR will have no quantifiable administrative impact and no fiscal impact.

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

The regulations have minimal economic impact on small businesses. This proposal reduces the possibility that businesses that assist Medicaid applicants will prolong the application process by seeking or obtaining unnecessary documents, but will not have a noticeable fiscal effect.

Attached Document:

Title 10
DEPARTMENT OF HEALTH AND MENTAL
HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.24 Medical Assistance Eligibility

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

10.09.24.04 (10/28/15)

.04 Application — General Requirements.

A.—E. (text unchanged)

F. Application Filing and Signature Requirements.

(1)—(4) (text unchanged)

(5) For the purpose of establishing eligibility, the applicant [shall sign the application form. If the applicant is physically or mentally unable to sign the form, an authorized representative shall complete and sign it. In the case of a child applicant younger than 18 years old, a parent of the child shall sign the application form, except in the following situations:] *or an authorized representative shall complete and sign the application.*

(6) In the case of a child applicant younger than 18 years old, a parent of the child shall sign the application, except in the following situations:

(a)—(b) (text unchanged)

[(6)] (7) (text unchanged)

G.—S. (text unchanged)

VAN T. MITCHELL

Secretary of Health and Mental Hygiene