

ADULT MEDICAL DAY CARE FOR THE ELDERLY AND ADULTS WITH A MEDICAL DISABILITY

**New Regulation
Questions & Answers
COMAR 10.12.04**

Question	Comment/Answer
REGULATIONS	
<p>Q: Where can a prospective provider look on-line to find the COMAR Regulations?</p>	<p>A: http://www.dsd.state.md.us/comar/title_search/searchTitle10.htm The Annotated Code of Maryland may also be accessed through this web-site.</p>
<p>Q: Does the Office of Health Care Quality (OHCQ) license and regulate social day (non-medical) programs?</p>	<p>A: No. The OHCQ does not license or regulate social day programs. If you are interested in Adult Day Care Centers that operate using only a social model (non-medical), please contact your Area Agency on Aging or visit the Maryland Department of Aging website http://www.mdoa.state.md.us.</p>
<p>Q: How long should records be maintained by an AMDC center after a participant is discharged?</p>	<p>A: Under COMAR 10.12.04.26 the center shall maintain participant records for at least 5 years from the date of discharge, except as provided in Health-General Article, §4-403, Annotated Code of Maryland. However, the funding source record retention policy may differ under COMAR 10.09.36.03 A (5). The Medical Assistance Program/Medicaid Waiver requires enrolled providers to maintain adequate records for a minimum of 6 years.</p>
<p>Q: What is required for compliance with COMAR 10.12.04.27 C Transportation?</p>	<p>A: COMAR 10.12.04.27 C States that a participant may not be in transit for more than 1 hour without an opportunity for a rest stop. The center is responsible for documenting the time each participant is picked up from home and when the participant is dropped off at the center. The center must also document the time when the participant leaves the center and when the participant arrives home. In addition, a rest stop must be offered to any participant who is in transit for more than 1 hour.</p>
<p>Q: If the center provides documentation indicating the entire van run was less than 1 hour, is it still necessary to record each participant's pick up and drop off times?</p>	<p>A: Yes.</p>
<p>Q: As an Adult Medical Day Care provider are we required to validate when a participant leaves for medical appointments?</p>	<p>A: Yes. COMAR 10.12.04.26 D (3) The center shall maintain the following administrative and fiscal records: (g) The daily schedule of activities; (i) Attendance</p>

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	records.
<p>Q: Is an AMDC required to report incidents that occur in an AMDC to the Office of Health Care Quality?</p>	<p>A: Yes. COMAR 10.12.04.24 A Reports and Actions Required in Unusual Occurrences. The center shall immediately report an occurrence such as a communicable disease or food-borne outbreak, poisoning, death, fire, or other unusual incident that threatens the health or safety of any participant or staff member to:</p> <p>(1) The Office of Health Care Quality</p> <p>In addition, to reporting events to OHCO, the AMDC may need to report to its local health department and/or the state communicable disease unit. Please see State web site for specific information on reporting. Link: http://www.edcp.org/</p>
<p>Q: Are Adult Medical Day Care centers required to have a licensed social worker?</p>	<p>A: Under State licensure regulation, the provision of social worker services is optional. See COMAR 10.12.04.15A (4). However if social and emotional needs are identified during the assessment required under Regulation .10 of this chapter, a licensed social worker shall be consulted before the establishment of goals to meet those needs.</p> <p>If you are reimbursed by the Medical Assistance Program/ Medicaid Waiver for the service, centers are required to provide either a full-time or part-time licensed social worker. Please refer to COMAR 10.09.07.04B for social work requirements under the Medical Assistance Program.</p>
<p>Q: Can an Adult Medical Day Care center discharge a participant immediately without notice to the family in a non-emergent situation?</p>	<p>A: No. See COMAR 10.12.04.23A Before a center discharges a participant the center shall formulate a discharge plan, including at least a 30-day written advance notice to the participant or participant’s responsible party, and shall assist the participant in obtaining the resources needed to implement the plan.</p>
<p>Q: Can an Adult Medical Day center discharge a participant immediately if the health and safety of the participant is at risk in an emergent situation?</p>	<p>A: COMAR 10.12.04.23B The 30-day written notice of discharge specified in §A of this regulation is not required when: (1) The health and safety of the participant or other individuals in the center would be endangered by the continued presence of the participant; (2) The participant has urgent medical needs; or (3) There is an emergency requiring less than 30 days notice, in which case the center shall notify</p>

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	the Department of the discharge and circumstances.
<p>Q: Are AMDCs required to have fire drills?</p>	<p>A: Yes. NFPA-101 Life Safety Code 2006 Edition: Existing Day Care Facility: Chapter 17.7.2.2 documents the following: Not less than one emergency egress and relocation drill shall be conducted every month the center/facility is in session.</p>
OFFICE OF HEALTH SERVICES	
<p>Q: Taking into consideration the new waiver program that was effective July 1, 2008, how many sets of regulations do Adult Medical Day Care (AMDC) centers have to comply with?</p>	<p>A: For State Licensure compliance, at a minimum, AMDC providers are required to comply with: COMAR 10.12.04 Day Care for the Elderly and Adults with a Medical Disability; The Nurse Practice Act COMAR 10.27; COMAR 10.15.03 Food Services Facilities/Food Safety and The Health Care Decision Act. Please keep in mind there are other local laws specific to the jurisdiction of the center.</p> <p>At a minimum, all AMDC's enrolled by the Medical Assistance Program must comply with COMAR 10.09.07 Medical Day Care Services, COMAR 10.09.36 General Medical Assistance Provider Participation Criteria and the Medical Assistance Waiver regulations applicable to those you serve. (See list below)</p> <p>Depending on the waiver in which the center participants are enrolled, centers must comply with one or more of the following waiver regulations: COMAR 10.09.61 Medical Day Care Services Waiver; COMAR 10.09.46 Traumatic Brain Injury Waiver; COMAR 10.09.54 Waiver for Older Adults; COMAR 10.09.55 Living at Home Waiver; COMAR 10.09.27 Model Waiver; and COMAR 10.09.26 Community Pathways and New Directions Waivers (these are Developmental Disabilities Administration DDA-COMAR 10.22.12).</p> <p>Medical Assistance Program policy regarding implementation of the Medical Day Care Services Waiver can be found in Medical Day Care Transmittal No. 62, 63, and 68.</p> <p>Department of Health & Mental Hygiene/Division of Community Support Services Medicaid Provider Transmittals</p> <p>http://www.dhmh.state.md.us/mma/MCOupdates/index.html</p> <p>http://www.dhmh.state.md.us/mma/trans/transfy08.htm</p>

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	<p>FY2008 PT 36-08 Medical Day Care Transmittal #62 FY2008 PT 37-08 Medical Day Care Transmittal #63 http://www.dhmf.state.md.us/mma/trans/transfy09.htm FY2009 PT 19-09 Medical Day Care Transmittal #68</p>
<p>Q: Are all AMDC centers required to receive funding from the Office of Health Services (OHS)?</p>	<p>A: No, all day care providers are not required to receive funding from the Office of Health Services. Note: The OHS offers funding to the ADMC centers, for services rendered, through the Federal and State funded Medical Assistance Program and State only funded OHS Adult Day Care human service contracts. Licensed AMDC centers are not required to receive funding from either source.</p>
<p>Q: COMAR 10.09.07 is another set of regulations for AMDC services. Does the Office of Health Care Quality (OHCQ) enforce these regulations?</p>	<p>A: No, the OHCQ does not enforce COMAR 10.09.07. They are promulgated and enforced by the Department of Health & Mental Hygiene's, Medical Assistance Program.</p>
<p>Q: What is the Medical Assistance Program's current daily rate of reimbursement for the medical day care services?</p>	<p>A: Fiscal Year 2009 Medical Day Care daily rate is \$73.27. Medical Assistance payment procedures for medical day care service can be found under COMAR 10.09.07.08. When the daily rate of reimbursement changes the Medical Assistance Program issues a Medical Assistance Medical Day Care Transmittal to notify enrolled providers. These transmittals are posted on the DHMH website at: http://www.dhmf.state.md.us/medcareprog/index.htm</p> <p>For additional questions regarding the Medical Assistance Program's medical day care service daily reimbursement rate, please contact the Office of Health Service's Division of Community Long Term Care at 410-767-1444.</p>
<p>Q: It has been identified that to receive funding from the Office of Health Care Quality (OHCQ), the ADCAPS needs to be completed monthly (p. 4 of the ADCAPS instructions - "The entire assessment is to be completed during the first month of enrollment and every month thereafter.") Is there a reference to this monthly</p>	<p>A: The Office of Health Care Quality (OHCQ) licenses Adult Medical Day Centers (AMDC); the OHCQ does not fund AMDC. COMAR 10.12.04.20 A Comprehensive assessments (ADCAPS) documents that ADCAPS are to be completed quarterly as long as there is no change in the participant's condition. The assessment shall include (1) Health status, (2) Functioning status, (3) Participation in activities, (4) Nutritional</p>

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<p>requirement in regulation?</p>	<p>Status, (5) Psychosocial status and, (6) Home management skills.</p> <p>In addition, the Medical Assistance regulations on this topic can be found at COMAR 10.09.07.03</p> <p>Note: The Medical Day Care Service Waiver allows ADCAPS to be submitted in lieu of a waiver Service Plan. The other waivers that offer medical day care as a covered service do not accept the ADCAPS in lieu of a waiver Service Plan. For questions regarding ADCAPS being submitted in lieu of a waiver Service Plan, centers may refer to Medical Day Care Transmittal 62 or contact the Office of Health Service's Division of Community Long Term Care at 410-767-1444.</p> <p>Department of Health & Mental Hygiene/Division of Community Support Services Medicaid Provider Transmittals</p> <p>http://www.dhmf.state.md.us/mma/MCOupdates/index.html http://www.dhmf.state.md.us/mma/trans/transfy08.htm FY2008 PT 36-08 Medical Day Care Transmittal #62</p>
<p>Q: It has been identified that there are two different versions of the ADCAPS - one that includes Section VI Therapies (Nursing) and one that does not include this section. Which version is the most current and, therefore, should be used by providers?</p>	<p>A: Minor changes were made to the ADCAPS form. On page 4, Section I's, Assessment B. Schedule of Completion, the wording "every month thereafter" was changed and now reads "quarterly thereafter." The version of the ADCAPS with Section VI Therapies (Nursing) is the most current version. Any further questions related to the ADCAPS should be directed to the Office of Health Services at 410-767-1444.</p>
<p>LICENSING AND SURVEY</p>	
<p>Q: What is the first step in becoming a licensed Adult Medical Day Care (AMDC) provider?</p>	<p>A: The Adult Medical Day Care Program (AMDC) within the Office of Health Care Quality (OHCQ) offers a "New Provider Interest" meeting which outlines the licensure process for prospective licensees. Participation in this meeting is optional. This meeting is offered quarterly on the Spring Grove Hospital Campus. To register for this meeting, please call (410) 402-8221 or toll free (877) 402-8221. In addition, you may visit the OHCQ website's Adult Medical Day Care section</p>

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	<p>http://dhmh.state.md.us/ohcq/regulated_programs/amdc.htm.</p>
<p>Q: Are there resources available to assist individuals in the licensure process?</p>	<p>A: The OHCQ will assist you with questions regarding the licensure process. The OHCQ does not have a consultative role beyond providing information about the licensing process and regulations. In addition, the following individuals may be contacted for assistance:</p> <ol style="list-style-type: none"> 1. Leon Carlton (410) 402-8221 AMDC Health Facility Surveyor Coordinator Office of Health Care Quality Department of Health and Mental Hygiene 2. Virginia Griffin (410) 887-6006 Licensure in Baltimore County AMDC Coordinator – Baltimore County 3. Jim Soucy (410) 767-5925 Site Plans Review/Renovations General Services Administration (GSA) Department of Health and Mental Hygiene 4. (MAADS) Maryland Association of Adult Day Services (800) 725-1300 10280 Old Columbia Road #220 Columbia, Maryland 21046 Phone: 410-381-1176 Fax: 410-381-0240 Website: http://www.maads.org/
<p>Q: Is there a template for policies and procedures?</p>	<p>A: No. Please keep in mind that policies and procedures are to be individualized to meet the specific needs of the participants who will attend the prospective center. Please feel free to contact the National Adult Day Care Services Association at http://www.nadsa.org/ for further assistance.</p>

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Q: When do AMDC programs receive a renewal survey?	A: Surveys are driven by the expiration date of the license.
Q: Is there a possibility of deemed status for those providers that are CARF (Commission on Accreditation of Rehabilitation Facilities) accredited?	A: Current law and regulation do not recognize deemed status for Adult Medical Day Care programs.
Q: How long does it take for a provider to receive a response to a plan of correction (POC)?	A: OHCQ will make every effort to reply within 10 business days.
Q: What is an (IDR) Informal Dispute Resolution? And how is it utilized?	<p>A: Informal Dispute Resolution (IDR) means an informal process that provides a licensee the opportunity to question the Department about deficiencies cited on a recent inspection. The Office of Health Care Quality encourages providers to initiate IDR if there are concerns with deficiencies cited.</p> <p>(1) When a licensee requests an IDR, the licensee shall file a plan of correction within the required time, except to the extent that the licensee contests specific findings, in which case absent the Departments specific directive, a licensee may delay submitting its plan of correction with respect to those specific findings until 5 days after the licensee is provided oral or written notice of the outcome of the IDR.</p> <p>(2) A licensee may request informal dispute resolution (IDR) to question violations or deficiencies within 10 calendar days of receiving the statement of deficiencies. The written request for an IDR shall fully describe the disagreement with the statement of deficiencies and be accompanied by any supporting documentation.</p> <p>(3) At the discretion of the Office of Health Care Quality, the IDR may be held in-person, by telephone, or in writing. In-person IDR's are informal in nature and are not attended by counsel.</p> <p>(4) The IDR process may not delay the effective date of any enforcement action.</p> <p>(5) In the event a licensee requests an IDR of a violation written by a designee of the Department, the Department shall request the designee to participate in the IDR process.</p>

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Q: What happens if my license expired and I have not, yet, been surveyed?	A: While our goal is to survey a facility prior to the expiration date of the license, the OHCQ may not be able to satisfy the time constraint. State Government Article, §10-226(b) requires that the licensee make sufficient application for renewal of the license at least two weeks before the license expires. If this occurs, the OHCQ will issue a letter of good standing.
Q: Can a provider be licensed for both Adult Medical Day Care and Assisted Living?	A: Yes. A provider can be licensed for both Adult Medical Day Care and Assisted Living. However, the provider must obtain a license for each program and each program must be contained in a dedicated structure or portion of a structure. Please see Day Care for the Elderly & Adults with a Medical Disability COMAR 10.12.04.28 C. Multi-Use Facilities & COMAR 10.12.04.28 D Space. In addition, see Assisted Living Programs COMAR 10.07.14.02 (4) Adult Medical Day Care has the meaning stated in Health General Article, §§14-201 and 14-301, Annotated Code of Maryland.
EMERGENCY PREPAREDNESS	
Q: Are Adult Medical Day Care centers required to have an emergency preparedness plan?	A: No. AMDC centers were not included in the new emergency planning requirements of HB770. However, COMAR 10.12.04.40 does require the center to comply with the Life Safety Code, NFPA 101 Life Safety Code in addition to ensuring that centers have floor plans with evacuation routes. We recommend that all Adult Medical Day Care centers be prepared to evacuate or to shelter in place in the event of emergency.
DEFINITION	
Q: How does the Office of Health Care Quality define an Adult Medical Day Care center?	A: See COMAR 10.12.04.02 (5) and Health General Article, §§14-201(b) or 14-301 (b), Annotated Code of Maryland.
INTREPRETATIONS ISSUED BY THE OFFICE OF HEALTH CARE QUALITY	
Q: The interpretation of "Significant change in condition" is not defined in the new regulations. Would the Office of Health Care Quality please give their interpretation of significant change in	A: A "significant change in condition" means a change in the participant's physical, mental, or psychological status including but not limited to: a. Life threatening conditions such as heart attack or stroke,

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<p>condition?</p>	<p>b. Clinical complications such things as:</p> <ul style="list-style-type: none"> i. Development of pressure sores, ii. Onset or recurrent periods of delirium iii. Onset or recurrent urinary tract infections iv. Onset of depression v. Onset of aggressive or inappropriate behaviors <p>c. A need to alter treatment “significantly” means to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem (e.g. the use of any medical procedure, or therapy that has not been used on that participant before, may include the diagnosis of new medical condition,).</p> <p>d. Evaluation or admission to a hospital that results in the need for on-going monitoring, follow-up or treatment,</p> <p>e. Accidents that result in injury have the potential for requiring a physician’s intervention</p> <p>It is expected that the center’s registered nurse (RN) shall have the ability to recognize significant changes in the condition of the participants and to take the necessary actions.</p>
<p>Q: How does the Office of Health Care Quality interpret the supervising registered nurses role in “significant change in condition” in an Adult Medical Day Care Program?</p>	<p>A: In accordance with the Maryland Board of Nursing regulations COMAR 10.27.09.01 B (3) & (9) The Office of Health Care Quality expects the center’s Registered Nurse (RN) to be prudent and to have the skills of “Assessment” which means systematic, dynamic process by which the registered nurse through interaction with the client, family, significant others and other health care providers, collects and analyzes data; and “Evaluation” which means the review and the analysis of the extent to which the assessment, nursing diagnosis, planning, and</p>

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	<p>implementation is effective in resolving the clients problems or progress toward the attainment of expected outcomes.</p> <p>The Office of Health Care Quality expects the registered nurse to have the skills to assess and recognize significant changes in the condition of a participant. The RN is expected to take the necessary action and document his/ her actions in the medical record accordingly.</p>
NURSING and THE ADULT DAY ASSESSMENT AND PLANNING SYSTEM (ADCAPS):	
Q: Adult Day Care Assessment and Planning System (ADCAPS) are required to be completed "quarterly" – what is the definition of "quarterly"?	A: Quarterly means a rolling 90-day period from the date of the last ADCAPS.
Q: Does the monthly "nursing" note need to be completed "monthly" – what is the definition of "monthly"?	A: Monthly means a rolling 30-day period from the date of the last nursing note.
Q: How is "semiannually" defined?	A: Semiannually means a rolling 180-day period from the date of the last documented date.
Q: Can ADCAPS substitute for the monthly "nursing" note?	A: Yes.
Q: What is the role of the Licensed Practical Nurse (LPN) in AMDC?	A: The LPN can document the care s/he provides, and observations s/he makes. Per the Nurse Practice Act COMAR 10.27.10.02. (A) (B) (C) & (D) the LPN contributes to the nursing process in a team relationship and, therefore, is present to augment the role of the supervising RN.
Q: Can the LPN do ASSESSMENTS?	A: No. The LPN, as a licensed nurse, contributes to the nursing assessment by gathering data and documenting observations relative to routine common health problems. The LPN may not perform assessment such as ADCAPS, new admissions;

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	or initiate or update a care plan; or evaluate or assess the patient's change of condition.
Q: Can an LPN complete the ADCAPS?	A: No. The ADCAPS is a comprehensive assessment that must be completed by a Registered Nurse (RN). This includes the initial ADCAPS, the quarterly ADCAPS, and the ADCAPS that is completed as a result of a change in a participant's health status.
Q: Can the LPN write care plan updates every six months, assess new admissions or write monthly nursing notes?	A: No. The LPN may not do new admissions, initiate a care plan, or update the written care plan every six months. The registered nurse must perform assessment of the new admissions, and update the written care plan every six months. If monthly nursing notes include assessment and evaluation of care they must be written by the supervising registered nurse. The nursing care plan which is updated every six months is based upon nursing assessment, data analysis and nursing diagnosis. The nursing care plan is comprehensive, systematic, and ongoing. Therefore the care plan updates every six months must be completed by the registered nurse, (see COMAR 10.27.09.02 (A) (B) (C) & (D).
Q: As an Adult Medical Day Care provider which regulations are we to comply with related to nursing services? COMAR 10.12.04.13 B (2) or Medicaid Waiver 10.09.07.04 A & C (1) (2) (3) (4)?	A: Non-Medicaid Waiver participants shall comply with COMAR 10.12.04.13 B (2) (3). Also, keep in mind the registered nurse (RN) and the licensed practical nurse (LPN) must comply with COMAR 10.27 the Maryland Nurse Practice Act. In addition, nursing staff performing nursing services for participants funded by Medicaid Assistance Program/Medicaid Waiver shall comply with 10.09.07.04 A & C (1) (2) (3) & (4) .
Q: Can an Adult Medical Day Care Center (AMDC) staff the center with an Agency RN?	A: Yes. However, the RN must meet the specific requirements of completing the Comprehensive Assessments, Nursing Care Plans and any other pertinent Nursing Assessments while supervising the (AMDC). In addition the registered nurses while working in an AMDC must comply with the standards of practice outlined in the Nurse Practice Act (COMAR 10.27) as well as the requirements set forth in COMAR 10.12.04.13B (2).

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Q: In an Adult Medical Day Care Center is the nurse required to monitor and assess a participant who is having side effects of medications that are not given at the center?	A: Yes. COMAR 10.12.04.14 A (2) Requires the registered nurse or designee to communicate with the participant's physician to report observed changes in the participant's health status, including the reaction to medicine, and to obtain current medical orders regarding such items as diet, medications, and treatments.
Q: Does a Supervising Registered Nurse (RN) have to be on-site at the AMDC at all times during hours of operation?	A: No. The regulation does not require "RN on site at all times" The regulation requires an RN to be on site sufficient time to meet the needs of the participants, consistent with the Nurse Practice Act. COMAR 10.12.04.13A (2) (b).
PHYSICIAN MEDICAL ORDER COMPONENTS OF REGULATION	
Q: As an Adult Medical Day Care provider are we required to have current and pertinent laboratory results in the medical record related to a participant's diagnosis?	A: COMAR 10.12.04.26 D (1) The center shall maintain at least the following information for each participant: (j) Admission physical and subsequent additional information. The Office of Health Care Quality expects the center to establish a policy on the medications that require monitoring by lab results. Those medications and the lab test results should be monitored by the supervising registered nurse.
Q: How many attempts should be made between physician updates to secure lab results?	A: The center/facility should have a policy and procedure in place to obtain clinically relevant current lab work on each participant. OHCO is looking at the center's reasonable efforts to obtain the necessary information to make a sound assessment. For instance, if a participant is on Coumadin that is being administered at the Adult Medical Day Care program, the program must know the current INR in order to safely administer the drug. OHCO cannot tell a center/facility how many attempts must be made to obtain this information.
Q: As an Adult Medical Day Care providers are we required to retain current physician's orders and a list of the medications if the participant's medications are not administered at the center?	A: Yes. COMAR 10.12.04.17 A The center shall include the original or faxed medication order in the participant's medical record.
COMMUNICABLE DISEASE:	
Q: As an Adult Medical Day Care providers are we required to have medical confirmation that a participant is free from	A: Yes. COMAR 10.12.04 10 B (5) requires, medical confirmation that the individual is

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communicable disease before being admitted to the center?	<p>free from communicable disease and other active reportable airborne disease.</p> <p>Acceptable forms of documentation may include: (1) TB skin test, (2) Physicians order, or (3) Chest x-ray.</p> <p>The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Reference: Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings 2005. See pages 1-147. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>
Q: What is the procedure for classifying health setting or health care workers as low risk?	A: To have a comprehensive TB program a provider must determine if they are low, medium, or high risk. The vast majority of AMDC providers will be low risk. The facility can evaluate their risk using this CDC guidelines link. Please see the link below on page 10 page of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf
Q: What are the indications for a two-step tuberculin skin test (TSTs)?	A: The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 29 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf
Q: Are periodic chest radiographs recommended for HCWs (health care workers [or staff or residents of LTCFs Long Term Care Facilities] who have positive TST (Tuberculin Skin Test) or BAMT (Blood Assay for Mycobacterium Tuberculosis) results?	A: No. The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 81 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf
Q: What is the recommended frequency for Mycobacterium tuberculosis screening?	A: The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 134 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf
Q: What is included in the definition of First Aid Supplies under Section.18?	A: "First Aid Supplies" are inclusive of those items commonly found in first aid kits and items with expiration dates.

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Q: When is a dietician's involvement optional and when are the services of a dietician mandated?	A: The facility can meet the requirements Section.19 if the facility directly employs a registered dietician or if the facility is able to demonstrate that their caterer/meal provided employs a registered dietician who reviews and approves the menus and therapeutic diets.
Q: Can the emergency room or other on call doctor satisfy the requirement for the "physician on call in an emergency ." in the event that a participant's primary care physician or his/her backup physician is unavailable (COMAR 10.12.04.14B)?	A: Yes

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