

**DEPARTMENT OF HEALTH**  
**NOTICE OF FINAL RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth under section 302(14) of the D.C. Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C Official Code § 3-1203.02(14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the intent to adopt the following amendments to chapter 66 of Title 17 of the District of Columbia Municipal Regulations (DCMR). The Proposed Rulemaking was published on April 4, 2008 at 55 DCMR 003490. No comments were received and no changes have been made to the proposed rulemaking. These final rules will become effective upon publication of this notice in the D. C. Register.

The purpose of the amendment is to repeal waiver of examination and education requirements.

**Chapter 66 (Professional Counseling) of Title 17 DCMR (Business, Occupations & Professions) (May 1994) is amended to read as follows:**

**6607            REPEALED**

## DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under section 302(14) of the D.C. Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C Official Code § 3-1203.02(14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the intent to adopt the following amendments to chapter 66 of Title 17 of the District of Columbia Municipal Regulations (DCMR). The Proposed Rulemaking was published on April 4, 2008 at 55 DCMR 003491. No comments were received and no changes have been made to the proposed rulemaking. These final rules will become effective upon publication of this notice in the D. C. Register.

The purpose of these amendments is to add continuing education credit requirements for the profession of Professional Counseling.

**Chapter 66 (Professional Counseling) of Title 17 DCMR (Business, Occupations & Professions) (May 1994) is amended by adding new sections 6610, 6611, and 6612 to read as follows:**

**Add new sections 6610, 6611, 6612 and 6613 to read as follows:**

**6610 CONTINUING EDUCATION REQUIREMENTS**

6610.1 This section shall apply to applicants for the renewal, reactivation, or reinstatement of a license expiring December 31, 2008, and for subsequent terms.

6610.2 This section shall not apply to applicants for an initial license by examination, reciprocity, or endorsement, nor shall it apply to applicants for the first renewal of a license granted by examination.

6610.3 A continuing education credit shall be valid only if it is part of a program or activity approved by the Board in accordance with § 6611.

6610.4 An applicant for renewal of a license shall submit proof of having completed forty (40) hours of approved continuing education credit during the two-year (2) period preceding the date the license expires. Six of the forty (40) hours shall be in Ethics and four (4) of the forty (40) hours shall be in Trauma Counseling.

6610.5 To qualify for a license, a person in inactive status within the meaning of § 511 of the Act, D.C. Official Code § 3-1205.11, who submits an application to reactivate a license shall submit proof of having completed twenty (20) hours of approved continuing education credit within one (1)

year prior to application for each license year after December 31, 2000, that the applicant was in inactive status. A minimum of six (6) hours shall be in Ethics and four (4) hours shall be in Trauma Counseling.

- 6610.6 To qualify for a license, an applicant for reinstatement of a license shall submit proof of having completed twenty (20) hours of approved continuing education credit for each year after December 31, 2000, that the applicant was not licensed. A minimum of six (6) hours shall be in Ethics and four (4) hours shall be in Trauma Counseling.
- 6610.7 An applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information with respect to each program:
- (a) The name and address of the sponsor of the program;
  - (b) The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
  - (c) The dates on which the applicant attended the program;
  - (d) The hours of credit claimed;
  - (e) Verification by the sponsor of completion, by signature or stamp; and
  - (f) An applicant under this section shall prove completion of continuing education course work by submitting with the application a signed statement from the instructor on university stationery for each class attended.
- 6610.8 An applicant under this section shall prove completion of individualized learning under § 6611.6(c) by submitting a signed statement from the supervisor which sets forth the information required by § 6602.4.
- 6610.9 An applicant for renewal of a license who fails to submit proof of having completed continuing education requirements by the date the license expires may renew the license up to sixty (60) days after expiration by submitting proof and paying the required additional late fee.
- 6610.10 Upon submitting proof and paying the late fee, the applicant shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documentation and payment of the late fee.
- 6610.11 If an applicant for renewal of a license fails to submit proof of completion of continuing education requirements or pay the late fee within sixty (60)

days after the expiration of the applicant's license, the license shall be considered to have lapsed on the date of expiration.

6610.12 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew after expiration if the applicant's failure to submit proof of completion was for good cause.

**6611 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES**

6611.1 The Board may, in its discretion, approve continuing education programs and activities that contribute to the growth of an applicant in professional competence in the professional counseling field and which meet the other requirements of this section.

6611.2 The Board may approve the following types of continuing education programs, if the program meets the requirements of § 6611.4:

- (a) A graduate course given at an accredited college or university;
- (b) A seminar or workshop;
- (c) An educational program given at a conference;
- (d) In-service training; and
- (e) Formally organized learning activities including distance learning and home study.

6612.3 Formally organized learning activities including distance learning and home study shall be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved mental health related activities:

- (a) Regionally accredited university graduate level academic courses in a behavioral health discipline;
- (b) Continuing education programs offered by universities or colleges;
- (c) Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or licensed health facilities and licensed hospitals;
- (d) Workshops, seminars conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or

approved by one of the following:

- (1) The American Mental Health Counselors Association (AMHCA) including state and local affiliates;
- (2) The International Association of Marriage and Family Counselors and its state affiliates;
- (3) The American Association of Marriage and Family Therapists and its state affiliates;
- (4) The American Association of State Counseling Boards;
- (5) The American Counseling Association and its state and local affiliates;
- (6) The American Psychological Association and its state affiliate;
- (7) The Commission on Rehabilitation Counselor Certification;
- (8) The Association for Addiction Professionals and its state and local affiliates;
- (9) The National Association of Social Workers;
- (10) The National Board for Certified Counselors;
- (11) A national behavioral health organization or certification body;
- (12) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state;
- (13) The Association for Play and Art Therapy; and
- (14) The American School Counselor Association and its state affiliates.

6611.4 To qualify for approval by the Board, a continuing education program shall:

- (a) Be current in its subject matter;
- (b) Be developed and taught by qualified individuals; and

(c) Meet one of the following requirements:

(1) Be administered or approved by a recognized professional counseling organization, accredited health care facility, or accredited college or university; or

(2) Be submitted by the program sponsors to the Board for review no less than sixty (60) days prior to the date of the presentation and be approved by the Board.

6611.5 The Board may issue and update a list of approved continuing education programs.

6611.6 An applicant shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to attending the program.

6611.7 The Board may approve the following continuing education activities:

(a) Serving as a speaker at a conference, seminar, workshop, or in-service training;

(b) Publication of an article in a professional journal or publication of a book or a chapter in a book or publication of a book review in a professional journal or bulletin; and

(c) Individualized learning under the immediate supervision of a professional counselor, psychologist, psychiatrist, or independent clinical social worker licensed in a jurisdiction of the United States.

## **6612 CONTINUING COMPETENCY COURSES**

6612.1 The Board may, in its discretion, approve courses that contribute to the competency of a professional counselor in one or more of the following areas:

(a) Ethics (standards of practice or laws governing behavioral science professions);

(b) Counseling theory;

(c) Human growth and development;

(d) Social and cultural foundations;

(e) The helping relationship;

- (f) Group dynamics, processing and counseling;
- (g) Lifestyle and career development;
- (h) Appraisal of individuals;
- (i) Research and evaluation;
- (j) Professional orientation;
- (k) Clinical supervision;
- (l) Marriage and family therapy;
- (m) Addictions; or
- (n) Trauma.

**6613 CONTINUING EDUCATION CREDITS**

- 6613.1 The Board may grant continuing education credit for whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour.
- 6613.2 The Board may, in its discretion, audit up to five percent (5%) of the renewal applications to ensure that the continuing education requirement has been met.
- 6613.3 For graduate courses that are taken for educational credit, each semester hour of credit shall constitute ten (10) hours of continuing education credit, and each quarter hour of credit shall constitute fifteen (15) hours of continuing education credit.
- 6613.4 The Board may grant a maximum of five (5) continuing education credits per year to an applicant who attends in-service education programs.
- 6613.5 The Board may grant a maximum of fifty percent (50%) of an applicant's continuing education requirement for completing continuing education activities under § 6611.6
- 6613.6 The Board may grant credit for preparation and presentation time to an applicant who serves as a speaker at an approved program.
- 6613.7 The maximum amount of credit that may be granted for preparation time is twice the amount of the associated presentation time.

- 6613.8 If an applicant has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless it involves either a different subject or substantial additional research concerning the same subject.
- 6613.9 The presentation shall have been completed during the period for which credit is claimed.
- 6613.10 The Board may grant continuing education credit under § 6611.6(b) only if the applicant proves to the satisfaction of the Board that the work has been published or accepted for publication during the period for which credit is claimed.
- 6613.11 The Board may grant continuing education credits for the following:
- (a) New program development that shall count for a maximum of eight (8) hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.
  - (b) Dissertation that shall count for a maximum of 18 hours. Dissertation credit may only be counted once.
  - (c) Clinical supervision or consultation given or received outside of the place of employment shall count for a maximum of ten hours.
  - (d) Leadership positions that shall count for a maximum of ten (10) hours.
- 6613.12 The following leadership positions are acceptable for continuing competency credit:
- (a) Officer of state or national counseling organization;
  - (b) Editor and or reviewer of professional counseling journal;
  - (c) Member of a national ethics disciplinary review committee rendering licenses;
  - (d) Active member of a counseling committee producing a substantial written product; and
  - (e) Chair of a major counseling conference or convention;
  - (f) Other leadership positions with justifiable professional learning experiences.

- 6613.13 Pursuant to § 6613.12, to receive credit for the leadership position, the position shall last for a minimum of one (1) year after the date of first licensure.
- 6613.14 Practice-related programs shall count up to a maximum of eight (8) hours. The board may allow up to eight (8) contact hours of continuing competency as long as the licensee submits proof of attendance plus a written justification of how the activity assists him or her in his or her direct service to clients. Examples include: language courses, software training, medical topics, etc.
- 6613.15 Membership in a state counseling licensure or certification board shall count for a maximum of ten (10) hours of continuing education credit for each year of membership.

## DEPARTMENT OF HEALTH

**NOTICE OF FINAL RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 774; D.C. Official Code § 1-307.02), Reorganization Plan No. 4 of 1996, and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption of a new section for Chapter 9 of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations ("DCMR"). The rulemaking adds a new subsection 996 (Provider of Durable Medical Equipment, Prosthetics, and Orthotic Supplies) and amends subsection 999.1 (Definitions)

The rulemaking establishes new procedures, standards, and practices for providers seeking to participate or currently participating in the District of Columbia Medicaid Durable Medical Equipment, Prosthetics, and Orthotics Supplies ("DME/POS") Program to protect the integrity of the DME/POS Program. The rulemaking adopts the standards currently in use by the Medicare DME/POS Program administered by the Centers for Medicare and Medicaid Services. The Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services recently conducted an interview and questionnaire to determine the standards used by the District of Columbia (District) when enrolling DME/POS providers, the extent to which the District verifies these standards during the enrollment process, and the extent to which the District re-enrolls Medicaid DME/POS providers. As a result of the OIG's findings, the District found that it could strengthen the management and oversight of Medicaid DME/POS providers by adding this rulemaking.

The Notice of Proposed Rulemaking was published in the *D.C. Register* at pages 1321 through 1326 of Volume 55 on February 8, 2008. Two sets of comments were received. No substantive changes have been made.

These rules shall become effective on the date of publication of this Notice of Final Rulemaking in the *D.C. Register*.

**The following rulemaking action is adopted:**

**Chapter 9 of Title 29 of the District of Columbia Municipal Regulations (Public Welfare) is amended as follows:**

**Section 996 is added to read as follows:**

**996 Provider of Durable Medical Equipment, Prosthetics, and Orthotics Supplies**

996.1 A provider of Durable Medical Equipment, Prosthetics, and Orthotics Supplies (DME/POS) shall be governed by the policies and procedures located in the Provider Handbook for Durable Medical Equipment/Prosthetics and Orthotics Supplies provided by the Medical Assistance Administration (MAA).

996.2 A provider of DME/POS shall:

- (a) Operate a business that furnishes Medicare-covered items in compliance with all applicable federal and District of Columbia licensure and regulatory requirements;
  - (b) Be eligible to engage in DME/POS business once the provider has participated in the Medicaid DME/POS New Provider Training conducted by MAA and signed a Medicaid DME/POS Provider Agreement accepted by MAA;
  - (c) Maintain a physical facility that contains space for storing business records, including the supplier's delivery, maintenance, and recipient communication records;
  - (d) Be prohibited from using a post office box as a primary business address;
  - (e) Be open for business at least forty (40) hours per week in a week that does not contain a holiday where MAA is closed on a weekday and be open for business at least thirty-two (32) hours per week in a week that does contain a holiday where MAA is closed on a weekday;
  - (f) Maintain a visible sign that states the name of the provider and posted hours of operation;
  - (g) Permit on-site inspections to be conducted by the Centers for Medicare and Medicaid Services (CMS), its agents, the Department of Health (DOH), MAA or the agents of DOH or MAA to determine supplier compliance with all applicable laws;
  - (h) Provide a suitable area for the sole purpose of fitting appliances;
  - (i) Provide patient education on the proper use of services and/or equipment; and
  - (j) Maintain a primary business telephone number listed under the name of the business locally and, if appropriate, a toll-free telephone number for Medicaid recipients. The exclusive use of a beeper number, answering service, pager, telephone line connected to a facsimile machine, or wireless telephone does not satisfy the requirement to have a primary business telephone.
- 996.3 A provider shall maintain, at minimum, comprehensive liability insurance in the amount of three hundred thousand dollars (\$300,000.00) and shall provide proof of such insurance to MAA with its initial application and annually thereafter.
- 996.4 A provider shall post a surety bond in the amount of one million dollars (\$1,000,000.00) against all claims, suits, judgments, or damages including court costs and attorneys fees arising out of the negligence or omissions of the provider in the course of providing services to a Medicaid recipient or a person believed to be a Medicaid recipient.
- 996.5 A provider shall be required to re-enroll in the Medicaid DME/POS Program at least once every three (3) years.

- 996.6 A provider shall re-enroll in the Medicaid DME/POS Program immediately after any change in business ownership.
- 996.7 A provider shall be required to submit required certifications, licenses, permits or any other official information concerning the backgrounds of all employees, licensed or unlicensed, that will interact with Medicaid recipients.
- 996.8 A provider shall submit the following information: (a) list of all principals of the entity, (b) a list of all stockholders owning or controlling ten (10) percent or more of outstanding shares, (c) the names of all board members and their affiliations, (d) a roster of key personnel, and (e) an organizational chart.
- 996.9 A provider shall maintain all Medicaid-related records for a period of ten (10) years after the date of service or sale.
- 996.10 The provider shall fill orders, fabricate, or fit items from its inventory or by contracting with other companies for the purchase of items necessary to fill the order.
- 996.11 At the time of product delivery or service, the provider shall provide the recipient with a contact telephone number for assistance.
- 996.12 A business formed within the geographical boundaries of the District of Columbia seeking enrollment in the District of Columbia Medicaid DME/POS Program shall be considered an in-state business.
- 996.13 An in-state business shall submit to MAA a business license, if required, and a Notice of Business Tax Registration pursuant to D.C. Official Code § 47-2026 (2001).
- 996.14 A business formed outside of the geographical boundaries of the District of Columbia shall be considered an out-of-state business.
- 996.15 An out-of-state business seeking enrollment in the District Medicaid DME/POS Program shall first be enrolled in a Medicaid program located within the state of its principal place of business.
- 996.16 An out-of-state business shall submit all of the following that apply:
- (a) A Certificate of Authority to transact business within the District of Columbia issued pursuant to D.C. Official Code § 29-101.99 et seq. (2001) if the business is a corporation;
  - (b) A Certificate of Registration to transact business within the District of Columbia issued pursuant to D.C. Official Code § 29-1053 et seq. (2001) if the business is a limited liability company;
  - (c) The name of its registered agent for the out-of-state business along with the business address and telephone number of the registered agent;

- (d) Proof of a physical business address and a business telephone number within the District of Columbia listed under the name of the business for the purpose of providing Medicaid sales and services;
  - (e) A document commonly known as a CMS Medicare Supplier Letter issued pursuant to 42 C.F.R. § 424.510 to evidence enrollment of the supplier in the Medicare program; and
  - (f) The Medicaid enrollment provider number from the state where the out-of-state business' principal place of business is located.
- 996.17 MAA shall review an applicant's signed and completed application within thirty (30) business days from its receipt by MAA.
- 996.18 MAA shall return a provider application package to the applicant that is incomplete or contains incorrect information.
- 996.19 A DME/POS Provider Enrollment Application may be denied due to any one or more of the following factors:
- (a) The applicant has demonstrated inability to provide services, conduct business and operate a financially viable entity;
  - (b) Current availability of services or supplies for recipients taking into account geographic location and reasonable travel time;
  - (c) Number of providers of the same type of service or supplies enrolled in the same geographic area;
  - (d) False representation or omission of any material fact in making the application;
  - (e) Exclusion, suspension, or termination from any Medicaid program;
  - (f) Exclusion, suspension, or termination from any program managed by MAA;
  - (g) Conviction of any criminal offense relating to the delivery of any goods or services for a Medicaid recipient;
  - (h) Conviction of any criminal offense relating to fraud, theft, embezzlement, fiduciary responsibility, or other financial misconduct;
  - (i) Violation of federal or District of Columbia laws, rules or regulations governing the D.C. Medicaid program;
  - (j) Violation of federal or state laws, rules, or regulations governing a Medicaid program in another state; or

- (k) has been previously found by a licensing, certifying, or professional standards board to have violated the standards or conditions relating to licensure or certification of the services provided.
- 996.20 An applicant, whose provider application has been denied, may resubmit a provider enrollment application for review and a decision.
- 996.21 An applicant, whose provider application has been approved to become a D.C. Medicaid DME/POS Provider, is deemed to be enrolled when the applicant has:
- (a) Successfully completed the DME/POS Application that is approved by MAA;
  - (b) Signed a District of Columbia Medicaid DME/POS Provider Agreement that has been accepted by MAA;
  - (c) Participated in a mandatory Medicaid DME/POS New Provider Orientation conducted by MAA or its agent; and
  - (d) Received the MAA Provider Handbook for Durable Medical Equipment/Prosthetics and Orthotics Supplies from MAA or its agent.
- 996.22 MAA may authorize a temporary enrollment of an applicant in the case of a special circumstance when a Medicaid recipient requires immediate service, supplies, or equipment, subject to the following limitations:
- (a) Temporary enrollment shall be for one specific occurrence involving an identifiable Medicaid recipient;
  - (b) Temporary enrollment shall only be made available one time to a provider; or
  - (c) Temporary enrollment may be allowed in situations when the D.C. Medicaid Program is not the primary payer.
- 996.23 A temporary provider may become eligible to apply for enrollment in the District of Columbia DME/POS anytime during temporary eligibility or subsequently thereafter.
- 996.24 MAA may adopt and include in the provider agreement other requirements and stipulations that it finds necessary to properly and efficiently administer the D.C. Medicaid Program.
- 996.25 MAA may make, or cause to be made, payments for medical assistance and related services rendered to Medicaid recipients only when:
- (a) The entity has a current DME/POS Provider Agreement in effect with MAA;
  - (b) The entity is performing services and supplying goods in accordance with federal and District laws; and

- (c) The provider is eligible to provide the item or service on the date it is dispensed and the recipient is eligible to receive the item or service on the date the item or service is furnished.

- 996.26 Each provider shall be subject to the administrative procedures set forth in Chapter 13 of Title 29 of the District of Columbia Municipal Regulations during the provider's participation in the District Medicaid DME/POS Program.
- 996.27 MAA shall have the authority to implement a one hundred eighty (180) day moratorium on the enrollment of DME/POS providers when the action is necessary to safeguard public funds or to maintain the fiscal integrity of the program. This moratorium may be extended or repeated when MAA determines this action is necessary to further safeguard public funds or to maintain the fiscal integrity of the program.

**Add the following definitions to Section 999.1:**

**999.1 DEFINITIONS**

**D.C. Medicaid Program** – The program authorized by Title XIX of the Social Security Act and by D.C. Official Code § 1-307.02 (2001) and administered by the Medical Assistance Administration within the Department of Health.

**Durable Medical Equipment** – Supplies, equipment and appliances required by a recipient of Medicaid services that can withstand repeated use, primarily and customarily used to serve medical purposes, and generally not useful to a person in the absence of an illness or injury.

**Medicaid** – A federally funded program that pays for medical care and health services for certain low-income persons.

**Medical Assistance Administration** – The administration within the Department of Health, or its successor, responsible for administering the Medicaid program within the District of Columbia.

**Prosthetics and Orthotics Supplies** – Appliances or apparatuses used to support, align, prevent, or correct deformities as well as improve the function of movable body parts.

**Provider** – An individual or entity furnishing services under a provider agreement.

**Provider Agreement** – A contract executed by the District of Columbia and a provider pursuant to Title XIX of the Social Security Act and which contract sets forth the rights, duties and obligations of the parties.

**Recipient** – Any individual who has been designated as eligible to receive or who receives any item or service under the D.C. Medicaid Program.

**Week** – A seven-day cycle beginning on Sunday and ending on Saturday.

**D.C. DEPARTMENT OF HUMAN RESOURCES  
METROPOLITAN POLICE DEPARTMENT**

**NOTICE OF FINAL RULEMAKING**

The Director, D.C. Department of Human Resources, and the Chief, Metropolitan Police Department, with the concurrence of the City Administrator, pursuant to Mayor's Order 2000-83, dated May 30, 2000, and in accordance with sections 801 (e), 859 (a), 906 (f), and 957 of the District of Columbia Government Comprehensive Merit Personnel Act of 1978 (CMPA), effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code §§ 1-608.01 (e), 1-608.59 (a), 1-609.06 (f), and 1-609.57) (2001 and 2005 Supp.), and Council Proposed Resolution 17-553 (deemed approved on February 5, 2008), hereby gives notice that final rulemaking action was taken to adopt the following rules. The rules amend Chapter 3, Residency, of Title 6 of the District of Columbia Municipal Regulations (DCMR), on residency compliance determination hearings. Specifically, section 307.1 of the chapter is being amended to grant the authority to initiate residency investigations to the personnel authority instead of agency heads. No comments were received and no changes were made under the notice of proposed rulemaking published at on April 11, 2008 (55 DCR 3897). Final rulemaking action was taken on May 14, 2008.

**CHAPTER 3**

**RESIDENCY**

*Section 307.1 of Chapter 3 of the D.C. Personnel Regulations is amended as follows:*

**307 RESIDENCY DETERMINATION HEARINGS**

- 307.1 (a) Whenever the personnel authority has reasonable cause to believe that an employee of an agency subject to its personnel authority is not in compliance with the residency or domicile requirements, the personnel authority shall issue to the employee a written notice to show cause why his or her employment should not be forfeited.
- (b) Whenever an agency head has reasonable cause to believe that an employee of the agency is not in compliance with the residency or domicile requirements, the agency head shall notify the personnel authority, and request that the personnel authority issue to the employee a written notice to show cause why his or her employment should not be forfeited.

**PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, D.C. 20005**

**NOTICE OF FINAL RULEMAKING**

**TELEPHONE TARIFF 08-1, IN THE MATTER OF THE APPLICATION OF  
VERIZON WASHINGTON, DC INC., FOR AUTHORITY TO AMEND THE  
GENERAL SERVICES TARIFF, P.S.C.-D.C.-NO. 203**

1. The Public Service Commission of the District of Columbia (“Commission”) hereby gives notice, pursuant to D.C. Official Code § 2-505<sup>1</sup> of its final rulemaking action, taken in Order No. 14819 (May 22, 2008), approving the tariff application of Verizon Washington, DC Inc. (“Verizon DC”)<sup>2</sup> to amend the following tariff pages:

**GENERAL SERVICES TARIFF, P.S.C.-D.C.-NO. 203**

**Section 6, 3<sup>rd</sup> Revised Page 11**

**Section 21, 7<sup>th</sup> Revised Page 12**

**4<sup>th</sup> Revised Page 13**

**Section 31, 7<sup>th</sup> Revised Page 4**

2. In its Application, Verizon DC seeks to increase the rates for the following bundled offerings and custom calling services: Local Package service from \$30.99 to \$32.99 (6.45 percent increase), Local Package Extra from \$33.99 to \$35.99 (5.88 percent increase), Regional Package from \$38.95 to \$40.95 (5.13 percent increase),<sup>3</sup> Regional Package Extra from \$43.95 to \$45.95 (4.55 percent increase),<sup>4</sup> Big Deal Package from \$18.99 to \$19.99 (5.27 percent increase), Call Waiting ID with Automatic Call Rejection from \$6.75 to \$7.00 (3.70 percent increase), Call Waiting ID Number with Automatic Call Rejection from \$8.25 to \$8.45 (2.42 percent increase), Call Forwarding Busy Line—Don’t Answer from \$2.20 to \$2.40 (9.09 percent increase), Call Forwarding Busy Line from \$2.20 to \$2.40 (9.09 percent increase), and Call Forwarding Don’t Answer from \$2.20 to \$2.40 (9.09 percent increase).<sup>5</sup> Verizon DC asserts that the proposed revisions are filed pursuant to, and fulfill the requirements of, Price Cap Plan 2004.<sup>6</sup>

<sup>1</sup> D.C. Official Code § 2-505 (2001 Ed.).

<sup>2</sup> *Telephone Tariff 08-1, In the Matter of the Application of Verizon Washington, DC Inc. for Authority to Amend the General Services Tariff, P.S.C.-D.C.-No. 203*, Letter from J. Henry Ambrose, Verizon DC Vice President for State Public Policy to Dorothy Wideman, Commission Secretary (January 28, 2008) (“Application”).

<sup>3</sup> In its Application, Verizon inaccurately calculated the rate increase for Regional Package to be 4.55 percent. The correct percentage increase is 5.13 percent. *See* Application at 1.

<sup>4</sup> In its Application, Verizon inaccurately calculated the rate increase for Regional Package Extra to be 5.13 percent. The correct percentage increase is 4.55 percent. *See* Application at 1.

<sup>5</sup> *See* Application at 1.

3. The Commission issued a Notice of Proposed Rulemaking (“NOPR”), which was published in the *D.C. Register* on February 29, 2008, inviting the public to comment on the proposed tariff amendment.<sup>7</sup> No comments were filed. The Commission subsequently approved Verizon DC’s Application in Order No. 14819, finding that the tariff revisions were consistent with the requirements of Sections 3(a) and 3(a)(3) of Price Cap Plan 2004. The tariff revisions will become effective upon publication of this Notice of Final Rulemaking in the *D.C. Register*.

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<sup>6</sup> See *id.* See also *Formal Case No. 1005, In the Matter of Verizon Washington, DC Inc.’s Price Cap Plan 2004 for the Provision of Local Telecommunications Services in the District of Columbia*, Order No. 13370, rel. September 9, 2004. (“Price Cap Plan 2004” or “Plan”).

<sup>7</sup> 55 *D.C. Reg.* 2072-2073 (2008).

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, DC 20005

NOTICE OF FINAL RULEMAKING

TELEPHONE TARIFF 08-2, IN THE MATTER OF THE APPLICATION OF  
VERIZON WASHINGTON, DC INC. FOR AUTHORITY TO AMEND THE  
LOCAL EXCHANGE SERVICES TARIFF, P.S.C.-D.C.-NO. 202

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to D.C. Official Code § 2-505,<sup>1</sup> of its final rulemaking action taken in Order No. 14812 issued May 19, 2008, approving the tariff application of Verizon Washington, DC Inc. ("Verizon DC")<sup>2</sup> to amend the following tariff page:

**LOCAL EXCHANGE SERVICES TARIFF, P.S.C.-D.C.-NO. 202  
Section 2, 8<sup>th</sup> Revised Page 2**

2. Verizon DC proposes to increase the monthly recurring rates for the Business Message Rate Line from \$16.50 to \$17.49 (6%).<sup>3</sup> Verizon DC asserts that the proposed revision is filed pursuant to § 3(a) of the Price Cap Plan 2004 ("Plan").<sup>4</sup> In addition, Verizon DC states that the Business Message Rate Line service is classified as a Basic Business Service under the Plan.<sup>5</sup>

3. The Commission issued a Notice of Proposed Rulemaking ("NOPR"), which was published in the *D.C. Register* on March 14, 2008, inviting public comment on the proposed tariff amendment.<sup>6</sup> No comments were filed in response to the NOPR. The Commission subsequently approved Verizon DC's Application in Order No. 14812, finding that the tariff amendment complied with the requirements of Section 3(a) of Price

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<sup>1</sup> D.C. Official Code § 2-505 (2001 Ed.).

<sup>2</sup> *TT08-2, In the Matter of the Application of Verizon Washington, DC Inc. for Authority to Amend the Local Exchange Services Tariff, P.S.C.-D.C. - No. 202 ("TT08-2")*, Letter from J. Henry Ambrose of Verizon Washington, D.C. Inc. to Dorothy Wideman, Commission Secretary, filed February 20, 2008 ("Application").

<sup>3</sup> See Verizon DC's Application at 1.

<sup>4</sup> See *Formal Case No. 1005, In the Matter of Verizon Washington, DC Inc.'s Price Cap Plan 2004 for the Provision of Local Telecommunications Services in the District of Columbia*, Order No. 13370, rel. September 9, 2004, ("Price Cap Plan" or "Plan").

<sup>5</sup> See Verizon DC's Application at 1.

<sup>6</sup> 55 *D.C. Reg.* 2630-2631 (March 14, 2008).

Cap Plan 2004. The tariff amendment will become effective upon the publication date of the Notice of Final Rulemaking in the *D.C. Register*. A copy of Verizon DC's final tariff amendment may be obtained by contacting Dorothy Wideman, Commission Secretary, Office of the Commission Secretary at 1333 H Street, N.W., West Tower, Suite 200, Washington, D.C. 20005 or from the Commission's website at [www.dcpsc.org](http://www.dcpsc.org).