DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health (DOH), pursuant to the authority set forth in section 104 of the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, as amended, effective October 5, 1985, (D.C. Law 6-42; D.C. Official Code § 2-1801.04), section 4902 of the Department of Health Functions Clarification Act of 2001, effective October 3, 2001, (D.C. Law 14-28; D.C. Official Code §7-731 (2002 Supp.)), and Mayor's Order 2001-111 dated August 6, 2001, hereby gives notice of his intent to adopt amendments to Chapter 32 of Title 16 of the District of Columbia Municipal Regulations (DCMR), in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of the proposed rulemaking is to establish a Civil Infractions Schedule of Fines for the DOH, Environmental Health Administration's Public Swimming Pool and Spa regulations found at 22 DCMR Chapter 64. Further, these rules shall not become effective until approved by the Council of the District of Columbia, or sixty (60) days after submission, if the Council has not disapproved the regulations.

16 DCMR Chapter 3216 is amended by inserting new sections 3216.9 - 3216.11 to read as follows:

3216 DEPARTMENT OF HEALTH- FOOD PROTECTION DIVISION INFRACTIONS

3216.9 Violation of any of the following provisions shall be a Class 2 infraction:

(a) 22 DCMR §6400.2 (failure to submit construction documents for approval before constructing, installing or enlarging a swimming pool or appurtenances thereto);

(b) 22 DCMR §6400.5 (a) (failure to obtain a license to operate a swimming pool or spa);

(c) 22 DCMR §6400.5 (d) (failure to obtain a pesticide operator or pesticide applicator license, permit or certificate before operating a swimming pool or spa);

(d) 22 DCMR §6400.7 (employing a person at a swimming pool or spa having a disease in a stage which is communicable or likely to become so);

(e) 22 DCMR §6400.11 (failure to secure an unopened pool by a locked gate, fence or door);

(f) 22 DCMR §6401.1 (failure to have a swimming pool or spa operator on duty at the facility or able to reach the facility within thirty (30) minutes);

(g) 22 DCMR §6401.2 (failure to have a valid swimming pool or spa operator permit before serving as a swimming pool or spa operator);

(h) 22 DCMR §6402.1 (failure to provide an adequate number of lifeguards);

(i) 22 DCMR §6402.4 (failure to follow an approved Swimming Pool Child Safety Plan);

(j) 22 DCMR §6402.5 (failure to follow an approved Spa Pool Child Safety Plan);

(k) 22 DCMR §6402.11 (failure to keep bathers out of the water during the lifeguard's absence);

(l) 22 DCMR §6403.2 (a)-(b) (failure to post required warning signs for bathers);

(m) 22 DCMR §6408.17 (operating a swimming pool that is contaminated);

(n) 22 DCMR §6411.3 (operating a swimming pool or spa that has not passed inspection by the Department); or

(o) 22 DCMR §6411.6 (operating a swimming pool or spa for which the operating license has been summarily suspended).

3216.10 Violation of any of the following provisions shall be a Class 3 infraction:

(a) 22 DCMR §6401.4 (failure to have swimming pool or spa operator permits readily accessible to the Department);

(b) 22 DCMR §6402.13 (failure to have evidence of the on-duty lifeguard's qualifications readily accessible to the Department);

(c) 22 DCMR §6403.1 (a)-(h) (failure to post required rules for admission to the swimming pool);

(d) 22 DCMR §6403.3 (a)-(j) (failure to post required rules for admission to the spa);

(e) 22 DCMR §6403.5 (failure to provide a clock or other time-keeping device for bathers using a spa);

(f) 22 DCMR §6404.3 (failure to provide minimum bather preparation facilities);

(g) 22 DCMR §6404.4 (failure to provide appropriate water temperature at showerheads);

(h) 22 DCMR §6404.5 (failure to provide water for cleaning or personal hygiene from the District of Columbia public water system);

(i) 22 DCMR §6404.6 (failure to provide soap in a non-glass dispenser unit);

(j) 22 DCMR §6404.7 (failure to provide an unbreakable mirror over each lavatory or a supply of toilet tissue at each toilet);

(k) 22 DCMR §6404.9 (failure to provide the required feminine hygiene products);

(l) 22 DCMR §6404.10 (failure to provide clean and dry bathing suits and towels to bathers that are stored in a sanitary manner);

(m) 22 DCMR §6405.1 (failure to separate eating and drinking areas from the swimming pool or spa);

(n) 22 DCMR §6405.2 (failure to provide food and beverages in nonbreakable containers);

(o) 22 DCMR §6405.3 (failure to provide for adequate garbage and refuse collection at a facility housing a swimming pool or spa);

(p) 22 DCMR §6406.1 (a)-(q) (failure to meet minimum equipment and facility safety standards);

(q) 22 DCMR § 6407.1 (a)-(h) (failure to have the required first aid and lifesaving equipment available on the premises);

(r) 22 DCMR §6408.2 (failure to maintain adequate turnover of the swimming pool or spa waters);

(s) 22 DCMR §6408.4 (failure to maintain adequate filtration of the swimming pool or spa waters);

(t) 22 DCMR §6408.5 (failure to maintain adequate overflow facilities for the swimming pool or spa);

(u) 22 DCMR §6408.6 (failure to maintain adequate swimming pool or spa water temperatures);

(v) 22 DCMR §6408.7 (failure to maintain sufficient clarity of the swimming pool or spa waters);

(w) 22 DCMR §6408.8 (failure to prevent the presence of sunken debris, algae dirt, filter media or filter aids in the swimming pool or spa);

(x) 22 DCMR §6408.10 (failure to maintain sufficient acidity/alkalinity of the swimming pool or spa waters);

(y) 22 DCMR §6408.11 (failure to use disinfectant and chemical feeders at swimming pools or spas);

(z) 22 DCMR §6408.12 (use of products in a swimming pool or spa that are not approved by the United States EPA or the Mayor);

(aa) 22 DCMR §6408.13 (failure to use a pesticide in a manner that is consistent with the labeling of the pesticide or consistent with the restrictions imposed on the use of the pesticide by the United States EPA or the Mayor);

(bb) 22 DCMR §6408.15 (failure to maintain the appropriate residuals for cyanuric acid, if used);

(cc) 22 DCMR §6408.18 (failure to close a facility for a minimum of twenty (20) minutes to allow for proper disinfection after fecal matter is introduced into the swimming pool or spa);

(dd) 22 DCMR §6409.1 (failure to use a chemical test kit);

(ee) 22 DCMR §6409.2 (a)-(o) (failure to record required information on operational logs);

(ff) 22 DCMR §6409.6 (failure to report to the Director, within three (3) days of the incident, injury at a swimming pool or spa that results in death or that requires resuscitation or admission to a hospital);

(gg) 22 DCMR §6409.7 (failure to report waterborne illness contracted at a swimming pool or spa to the Director within

twenty-four (24) hours of management's knowledge of the incident);

(hh) 22 DCMR §6410.1 (making an unapproved direct mechanical connection between the potable water supply and the swimming pool or spa that is not protected against backflow and back-siphonage in a manner approved by the Mayor); or

(ii) 22 DCMR §6410.3 (failure to discharge backwash or drainage waters of a swimming pool or spa into a sanitary sewer through an approved air gap or other means approved by the Mayor).

3216.11 Violation of any provision of the swimming pools and spas regulations, 22 DCMR Chapter 64, which provision or rule is not cited elsewhere in this section, shall be a Class 4 infraction.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication in the D.C. Register. Comments should be filed with the Department of Health, Environmental Health Administration, Office of Enforcement, Compliance & Environmental Justice, 51 N Street. N.E., 6th Floor, Washington, D.C. 20002. Copies of this proposed rulemaking may be obtained from the Office of Enforcement, Compliance and Environmental Justice at the address stated above.

DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302(14) of the D.C. Health Occupations Revision Act of 1985, effective March 15, 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 his intent to adopt the following amendments to Chapter 68 of Title 17 DCMR (Business, Occupations & Professions) (May 1990) in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. Notice of Proposed Rulemaking was previously published in the D.C. Register on February 21, 2003 at 50 DCR 1749. In response to comments received, several clarifying and substantive revisions have been made to the rulemaking, including the addition of a new section 6804.1(e).

Chapter 68 (Podiatry) of Title 17 DCMR (Business, Occupations & Professions) (May 1990) is amended to read as follows:

Section 6804 is amended to read as follows:

6804 NATIONAL EXAMINATION

6804.1 To qualify for a license by examination, an applicant shall satisfy the following requirements in the order listed:

(a) Graduate from a college of podiatric medicine that is accredited by the American Podiatric Medical Association's Council on Podiatric Education;

(b) Receive a passing score on the National Board Examination developed by the National Board of Podiatric Medical Examiners (the National Examination). The passing score, as determined by the National Board of Podiatric Examiners, on each test that forms a part of the examination, shall be accepted as the passing score for the District of Columbia; examination;

(c) Submit certified scores, validated by the Board of Podiatric Medical Examiners, along with a completed application; and

(d) Receive a passing score on the two (2) part District of Columbia Board Examination which shall consist of the following:

(1) The District of Columbia Licensing Examination which shall be prepared by the Board or a state testing or licensing agency approved by the Board and for which a passing score shall be set by the Board; and

(2) The PMLexis Examination for which a passing score of 75 or higher as set by the scoring committee of PMLexis (the National Board of Podiatric Medical Examiners) shall be considered as an acceptable passing score.

(e) Complete a residency program which has been accredited by the Council on Podiatric Education.

6804.2 An applicant shall take both the District of Columbia Licensing Examination and the PMLexis Examination within five (5) years of the date of the application.

6804.3 Failure to take both examinations within five (5) years of the date of application shall result in the applicant having to reapply for licensure.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication of this notice in the D.C. Register. Comments should be sent to the Department of Health, Office of the General Counsel, 825 North Capitol Street, N.E., 4th Floor, Washington, D.C. 20002. Copies of the proposed rules may be obtained from the Department at the same address during the hours of 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

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

NOTICE OF PROPOSED RULEMAKING

FORMAL CASE NO. 712, IN THE MATTER OF THE INVESTIGATION INTO THE PUBLIC SERVICE COMMISSION'S RULES OF PRACTICE AND PROCEDURE

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to Section 2-505 of the District of Columbia Code,[1] of its intent to act upon the Application of Potomac Electric Power Company ("PEPCO")[2] in the above-captioned matter in not less than thirty (30) days from the date of the publication of this Notice in the *D.C. Register*.

2. On September 18, 2002, PEPCO filed an Application requesting authority to amend the following tariff pages:

Electric, P.S.C. –D.C. –No. 1
Original Page No. 13

Electric, P.S.C.-D.C.-No. 1
Original Page No. 14

3. According to PEPCO, the proposed tariff amendments would modify Section 4. e. Interest on Deposits to include language from Commission Order No. 12267[3], stating that the interest rate on customer deposits is based on the average of the percent yields of 1-year constant maturity Treasury bills for September, October and November, and correct a typographical error in the Section 4. d. heading, changing it from Refund of Deposits – All Customers to Refund of Deposits – Residential Customers.

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1 D. C. Code, 2001 Ed. § 2-505.

2 *In the Matter of the Investigation Into the Public Service Commission of the District of Columbia's Rules of Practice and Procedure*, Letter to Sanford M. Speight, Acting Commission Secretary, from Paul H. Harrington, Associate General Counsel of PEPCO, re: Formal Case No. 712 Interest on Customer Deposits, filed September 18, 2002 (hereinafter referred to as "Application" or "proposed tariff amendment").

3 *In the Matter of the Investigation Into the Public Service Commission's Rules of Practice and Procedure, Formal Case No. 712*, Order No. 12267, rel. December 21, 2001.

4. The tariff application is on file with the Commission. A copy of the proposed tariff page can be reviewed at the Office of the Commission Secretary, 1333 H Street, N.W., Second Floor West Tower, Washington, D.C. 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday. Copies of the tariff pages are available upon request, at a per-page reproduction cost.

5. Comments on the proposed tariff amendment must be made in writing to Sanford M. Speight, Acting Commission Secretary, at the above address. All comments must be received within thirty (30) days of the date of publication of this Notice in the *D.C. Register*. Once the comment period has expired, the Commission will take final action on PEPCO's Application.

DISTRICT OF COLUMBIA TAXICAB COMMISSION

NOTICE OF PROPOSED RULEMAKING

The Chairperson of the District of Columbia Taxicab Commission, pursuant to the authority set forth under § 14(b) of the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986 (D.C. law 6-97; D.C. Official Code § 50-313(b)), and Mayor's Order 87-156, dated July 1, 1987, hereby gives notice of his intent to repeal 31 DCMR §§ 1208.2 through 1208.4 in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. This repeal will eliminate the requirement that applicants for a limousine operator's license pass an examination to obtain a license.

The Chairperson proposes to repeal §§ 1208.2 through 1208.4 of Chapter 12 in Title 31 DCMR which read as follows:

1208 INVESTIGATION AND EXAMINATION OF APPLICANTS

1208.2 Each applicant shall pass an examination administered by the Office.

1208.3 The examination shall include a test of the applicant's knowledge of the metropolitan area.

1208.4 The examination shall also include any further physical and mental tests the Commission finds necessary to determine the applicant's fitness to operate a limousine.

Any person desiring to file written comments on the Chairperson's proposed rulemaking action must do so not later than thirty (30) days after the publication of this notice in the District of Columbia Register. Comments should be filed with Kimberly A. Lewis, Attorney Advisor and Secretary, District of Columbia Taxicab Commission, 2041 Martin Luther King, Jr., Avenue, S.E., Suite 204, Washington, D.C. 20020. Copies of the proposed rulemaking may be obtained by writing to the above address.

ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF PROPOSED RULEMAKING
Z.C. Case No. 03-14
(Text Amendment-- Subsection 3202(a) -- 11 DCMR)

The Zoning Commission for the District of Columbia, pursuant to the authority set forth in § 1 of the Zoning Act of 1938, approved June 20, 1938 (52 Stat. 797, 799; D.C. Official Code § 6-641.01) (2001 Ed.) and 11 DCMR § 3030 (Consent Calendar), hereby gives notice of the intent to amend Section 3202.5(a) of the Zoning Regulations (11 DCMR). The proposed amendment will insert language inadvertently omitted from the most recent published version of Title 11 and restate language inadvertently repealed. Because these actions are technical in nature, no hearing is required, pursuant to 11 DCMR § 3030. Final rulemaking action shall be taken in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register.*

Title 11 DCMR, Chapter 32, ADMINISTRATION AND ENFORCEMENT, Subsection 3202.5, paragraph (a), is amended to read as follows:

(a) If the application is filed on or before the date on which the Zoning Commission makes a decision to hold a hearing on the amendment, the processing of the application and completion of the work shall be governed by § 3202.4. The application shall be accompanied by any fee that is required, and by the plans and other information required by § 3202.2, which shall be sufficiently complete to permit processing without substantial change or deviation, and by any other plans and information that are required to permit complete review of the entire application under any applicable District of Columbia regulations;

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments, in writing, to Alberto Bastida, Office of Zoning, 441 4th Street, N.W., Washington D.C. 20001. Comments must be received not later than thirty (30) days after the publication of this notice in the *D.C. Register.* A copy of this proposal may be obtained, at cost, by writing to the above address.

DEPARTMENT OF HEALTH

NOTICE OF EMERGENCY AND PROPOSED 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(b)), and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of his adoption, on an emergency basis, of an amendment to Chapter 15 of Title 29 of the District of Columbia Municipal Regulations (DCMR) entitled "Childless Adults Aged 50-64 Demonstration". These rules amend program requirements for the 50-64 1115 Demonstration Project to expand coverage under Medicaid to 2,400 low-income, childless adults from ages 50 to 64 whose income is at or below 50% of the federal poverty limit (FPL) based on comments received on the emergency and proposed rules previously published in the *D.C. Register* on December 20, 2002 at 49 DCR 11457. These emergency rules make technical corrections and amend the previously published emergency and proposed rules to make operational changes that were not possible to implement. To maintain continuity and afford the public additional time to comment, the rules are being republished with the aforementioned corrections in their entirety. The emergency rules are necessary to implement the program by establishing the eligibility criteria for the target population, which typically is without health insurance and faces increasing but preventable health problems.

The emergency rulemaking was adopted on April 14, 2003, and shall become effective on that date. The emergency rules will on August 12, 2003, or upon publication of a Notice of Final Rulemaking in the D.C. Register, whichever occurs first.

The Director also gives notice of his intent to take final rulemaking action to adopt these proposed rules in not less than thirty (30) days from the date of publication of this notice in the D.C. Register.

Title 29 of the District of Columbia Municipal Regulations is amended by adding a new Chapter 15 to read as follows:

CHAPTER 15 CHILDLESS ADULTS AGED 50-64 DEMONSTRATION

1500 GENERAL PROVISIONS
1501 PROVIDER REQUIREMENTS
1502 ELIGIBILITY
1503 ENROLLMENT CEILING
1504 REIMBURSEMENT
1505 COVERED SERVICES
1506 QUALITY ASSURANCE
1507 GRIEVANCE AND APPEALS
1599 DEFINITIONS

1500 GENERAL PROVISIONS

1500.1 This chapter shall apply to persons between fifty (50) and sixty-four (64) years of age whose gross annual income is less than or equal to fifty percent (50%) of the federal poverty line.

1500.2 This chapter implements a waiver of State plan requirements as a demonstration project pursuant to section 1115 of the Social Security Act (42 U.S.C. § 1315) (demonstration program) and is subject to certain special terms and conditions. The demonstration waiver has been approved for a five- (5) year period effective on the date of implementation.

1500.3 This demonstration program does not constitute an entitlement to coverage for all eligible persons or for the duration of eligibility for enrollees. These programs may be terminated at any time by the Centers for Medicaid and Medicare Services of the U.S. Department of Health and Human Services (CMS) or the District, however, both entities would assist in appropriate transition planning. Nothing in this chapter shall be interpreted to create or constitute an entitlement or right to medical assistance for any person.

1501 PROVIDER REQUIREMENTS

1501.1 Providers shall meet the following requirements:

(a) Be enrolled and certified with MAA;

(b) Meet standards established in the State Plan and the demonstration program; and

(c) Provide services to recipients in the same scope, quality, and manner as provided to the general public under the State Plan.

1501.2 All Medicaid regulations and terms of the provider agreements shall apply to providers billing for services rendered to demonstration program enrollees. Providers who furnish services to demonstration program enrollees shall comply with all specified Medicaid participation requirements under the State Plan and as defined in the Medicaid regulations.

1501.3 Providers shall begin to provide benefits to persons who qualify for coverage under the demonstration program on the date of their enrollment. Except as provided in section 1505.1, no provider may provide benefits retroactively to a person who qualifies for coverage under the demonstration program.

1502 ELIGIBLILITY

1502.1 Participation in the demonstration program shall be limited to District residents who meet the following qualifications:

(a) Are between the ages of fifty (50) and sixty-four (64);

(b) Have a gross annual income that is at or below the medically needy limit, or fifty percent (50%) of the poverty federal poverty limit, whichever is higher;

(c) Have resources below the categorically-needy limits as noted in the State Plan (two thousand six hundred dollars ($2,600) for individuals and three thousand dollars ($3,000) for couples);

(d) Are not eligible for benefits under Title XIX or Title XXI of the Social Security Act, including "spend-down" Medicaid; and

(e) Do not reside in long-term care, mental health, or penal institutions.

1502.2 The IMA shall make no posthumous eligibility determinations.

1502.3 Persons who wish to receive benefits pursuant to this chapter shall submit an application for Medical Assistance to the Income Maintenance Administration or its designee.

1502.4 The District shall enroll demonstration program clients to Title XIX or Title XXI-funded Medicaid programs as they become eligible. The District will change eligibility status as appropriate and inform the affected beneficiaries in a timely manner. During the process of changing eligibility status there shall be no disruption in a recipient's enrollment in Medicaid or in the continuity of care for the recipient.

1502.5 The MAA shall redetermine eligibility annually following an enrollee's initial date of enrollment. The MAA may submit notices of redetermination to demonstration program enrollees and the case manager, if appropriate. Demonstration program enrollees shall have ninety (90) days to respond to notices of redetermination. The District may vary these provisions in extraordinary circumstances.

1502.6 Satisfaction of the eligibility requirements of this section shall not constitute an entitlement to receive benefits. Eligibility shall be determined according to the requirements of section 1503 when there are more applicants than the demonstration program allows.

1503 ENROLLMENT CEILING

1503.1 The Administrator shall limit the number of persons eligible for enrollment according to demonstration program requirements for budget neutrality. To remain within the demonstration program's budget parameters, the Administrator shall set and modify the enrollment ceiling in consultation with the CMS.

1503.2 If the number of applicants for participation in the demonstration program exceeds the enrollment ceiling, IMA shall select enrollees and a waiting list as follows:

(a) During the initial enrollment period IMA shall select eligible individuals in the order the applications are received until the number of participants reaches the enrollment ceiling.

(b) During the initial enrollment period IMA shall select individuals not eligible for immediate enrollment for a waiting list in the order the applications are received.

(c) After the initial enrollment period and after all persons on the initial waiting list have been placed or deemed ineligible for placement, IMA shall enroll eligible persons in the order that their applications are received.

(d) After the initial enrollment period IMA shall place individuals not eligible for immediate enrollment on a waiting list, and persons on the waiting list shall become eligible for enrollment in the order that their applications were received.

1503.3 Space in the demonstration program may become available when initial demonstration program enrollees disenroll from the demonstration program. Disenrollment may occur for the following reasons:

(a) Death of an enrollee;

(b) Failure to continue to satisfy eligibility requirements; or

(c) Eligibility for Medicaid coverage without need of the demonstration program.

1503.4 The number of participants in the traditional Medicaid program shall not affect the enrollment ceiling.

1504 REIMBURSEMENT

1504.1 Consistent with the provider agreements for both the State Plan and demonstration program services, providers shall submit claims for reimbursement to the fiscal intermediary or other MAA designee.

1505 COVERED SERVICES

1505.1 The demonstration program shall cover the Medicaid benefits outlined in the State Plan. Coverage will begin on the first day of the month of application. The MAA shall not authorize retroactive coverage for hospital services, however, the Administrator may extend retroactive coverage to other services.

1506 QUALITY ASSURANCE

1506.1 To ensure that clients receive optimal care, MAA shall incorporate quality assurance activities into the health care delivery and administrative system. The quality assurance requirements under Titles XIX and XXI of the Social Security Act shall apply to providers that bill for services rendered to demonstration program enrollees.

1507 GRIEVANCE AND APPEALS

1507.1 Individuals may file grievances in writing with the Administrator. The Administrator shall respond to the grievance in writing within thirty (30) days after the grievance has been files. The Administrator's determination shall be final, and individuals shall have no further appeals within the Department of Health.

1599 DEFINITIONS

1599.1 When used in this chapter, the following terms shall have the meanings ascribed:

Administrator - the Senior Deputy Director of the Medical Assistance Administration within the District of Columbia Department of Health.

Centers for Medicaid and Medicare Services or CMS - the branch of the Social Security Administration responsible for overseeing the Medicaid and Medicare programs, which was formerly known as the Health Care Finance Administration or HCFA.

Demonstration program– a program authorized under § 1115 of the Social Security Act whereby state plan requirements are waived for one or more demonstration projects. For the purpose of this chapter this term means eligibility under Medicaid for childless adults aged fifty (50) to sixty-four (64) with annual gross income that is fifty percent (50%) or less of the federal poverty line.

Gross income – the total pre-tax income for a household; this amount includes all income that the Income Maintenance Administration and other agencies may disregard in their eligibility determinations for other programs including Medicaid.

Enrollment ceiling – the limit on the number of enrollees in the demonstration; the limits are based on the amount of funds available from the Disproportionate Share Hospital allocation.

Medical Assistance Administration or MAA- the administration within the Department of Health that administers Medicaid for the District.

Provider – the vendors of State Plan services, which are rendered to Medicaid and Demonstration program enrollees.

Resources – the countable assets as defined by the Income Maintenance Administration.

State Plan – the document specifying scope of Medicaid services, Medicaid eligibility, Medicaid reimbursement, etc. The state plan is available online at http://cms.hhs.gov /medicaid/stateplans/toc.asp?state=DC

All persons wishing to comment on the emergency and proposed rulemaking shall submit written comments no later than thirty (30) days after the date of publication of this notice in the D.C. Register, to Wanda Tucker, Interim Senior Deputy Director, Medical Assistance Administration, Department of Health, 825 North Capitol Street, N.E., 5th Floor, Washington, DC 20002. Copies of these emergency and proposed rules may be obtained between the hours of 8:15 A.M. and 4:45 P.M., excluding weekends and holidays, at the same address.