

The citation is Health-General §7 – 100 to §7-1301- Developmental Disabilities Administration.

<http://mgaleg.maryland.gov/webmga/fmStatutes.aspx?pid=statpage&tab=subject5>

**Article - Health - General**

§7–101.

- (a) In this title the following words have the meanings indicated.
- (b) “Administration” means the Developmental Disabilities Administration.
- (c) (1) “Admission” means the process by which an individual with an intellectual disability is accepted as a resident in a State residential center.
  - (2) “Admission” includes the physical act of the individual entering the facility.
- (d) (1) “Alternative living unit” means a residence that:
  - (i) Provides residential services for individuals who, because of developmental disability, require specialized living arrangements;
  - (ii) Admits not more than 3 individuals; and
  - (iii) Provides 10 or more hours of supervision per unit, per week.(2) “Alternative living unit” does not include a residence that is owned or rented by:
  - (i) 1 or more of its residents; or
  - (ii) A person who:
    - 1. Is an agent for any of the residents; but
    - 2. Is not a provider of residential supervision.
- (e) “Deputy Secretary” means the Deputy Secretary for Developmental Disabilities.
- (f) “Developmental disability” means a severe chronic disability of an individual that:
  - (1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
  - (2) Is manifested before the individual attains the age of 22;
  - (3) Is likely to continue indefinitely;
  - (4) Results in an inability to live independently without external support or continuing and regular assistance; and
  - (5) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual.

- (g) "External support" means:
- (1) Periodic monitoring of the circumstances of an individual with respect to:
    - (i) Personal management;
    - (ii) Household management; and
    - (iii) The use of community resources; and
  - (2) Rendering appropriate advice or assistance that may be needed.
- (h) "Group home" means a residence that:
- (1) Provides residential services for individuals who, because of developmental disability, require specialized living arrangements;
  - (2) Admits at least 4 but not more than 8 individuals; and
  - (3) Provides 10 or more hours of supervision per home, per week.
- (i) "Habilitation" means a process by which a provider of services enables an individual to acquire and maintain life skills to cope more effectively with the demands of the individual's own person and environment and to raise the level of the individual's mental, physical, social, and vocational functioning.
- (j) (1) "Individual support services" means an array of services that are designed to increase or maintain an individual's ability to live alone or in a family setting.
- (2) "Individual support services" include:
    - (i) In-home assistance with meals and personal care;
    - (ii) Counseling;
    - (iii) Physical, occupational, or other therapies;
    - (iv) Architectural modification; and
    - (v) Any other services that the Administration considers appropriate to meet the individual's needs.
  - (3) "Individual support services" does not include full day or residential services.
- (k) "Intellectual disability" means a developmental disability that is evidenced by significantly subaverage intellectual functioning and impairment in the adaptive behavior of an individual.
- (l) "Live independently" means:
- (1) For adults:
    - (i) Managing personal care, such as clothing and medication;
    - (ii) Managing a household, such as menu planning, food preparation and shopping, essential care of the premises, and budgeting; and
    - (iii) Using community resources, such as commercial establishments, transportation, and services of public agencies; or

(2) For minors, functioning in normal settings without the need for supervision or assistance other than supervision or assistance that is age appropriate.

(m) "Release" means a permanent, temporary, absolute, or conditional release of an individual from a State residential center.

(n) "Services" means residential, day, or other services that provide for evaluation, diagnosis, treatment, care, supervision, assistance, or attention to individuals with developmental disability and that promote habilitation of these individuals.

(o) "Services coordination" means a service that consists of the following 3 major functions that are designed to assist an individual in obtaining the needed services and programs that the individual desires in order to gain as much control over the individual's own life as possible:

- (1) Planning services;
- (2) Coordinating services; and
- (3) Monitoring service delivery to the individual.

(p) "State residential center" means a place that:

- (1) Is owned and operated by this State;
- (2) Provides residential services for individuals with an intellectual disability and who, because of that intellectual disability, require specialized living arrangements; and
- (3) Admits 9 or more individuals with an intellectual disability.

(q) "Treatment" means any education, training, professional care or attention, or other program that is given to an individual with developmental disability.

(r) "Vocational services" means a service that provides job training and placement, supported employment and training in acceptable work behaviors, and vocationally-related social and other skills.

§7-102.

To advance the public interest, it is the policy of this State:

- (1) To promote, protect, and preserve the human dignity, constitutional rights and liberties, social well-being, and general welfare of individuals with developmental disability in this State;
- (2) To encourage the full development of the ability and potential of each individual with developmental disability in this State, no matter how severe the individual's disability;
- (3) To promote the economic security, standard of living, and meaningful employment of individuals with developmental disability;
- (4) To foster the integration of individuals with developmental disability into the ordinary life of the communities where these individuals live;
- (5) To support and provide resources to operate community services to sustain individuals with developmental disability in the community, rather than in institutions;
- (6) To require the Administration to designate sufficient resources to foster and strengthen a permanent comprehensive system of community programming for individuals with developmental disability as an alternative to

institutional care;

(7) To recognize the right of those individuals with developmental disability who need residential services to live in surroundings as normal as possible and to provide adequate facilities for this purpose;

(8) To provide appropriate social and protective services for those individuals with developmental disability who are unable to manage their own affairs with ordinary prudence;

(9) To protect the rights of parents and to help parents and guardians in planning for and assisting those individuals with developmental disability who are unable to manage their own affairs;

(10) To promote and provide for the development, maintenance, and coordination of all programs for individuals with developmental disability;

(11) To advance research and professional training related to developmental disability; and

(12) To promote public understanding of these policies and programs provided in this title.

§7-103.

(a) This title shall be construed in a manner consistent with the policy stated in this subtitle.

(b) This title does not prevent individuals with developmental disability from being eligible for services provided by any agency.

§7-201.

There is a Developmental Disabilities Administration in the Department.

§7-202.

(a) The head of the Administration is the Deputy Secretary.

(b) The Deputy Secretary shall appoint the number of directors, assistant directors, and administrative heads provided in the State budget.

§7-203.

The Secretary may delegate to an individual any of the authority, powers, and duties granted to the Secretary under this title.

§7-204.

(a) In this section, "direct care staff" means an individual who is directly involved in the day-to-day education, training, habilitation, assistance, counseling, care, or attention of an individual with a developmental disability.

(b) (1) The Developmental Disabilities Administration shall assure that all direct care staff in State residential and community-based programs are provided with in-service training.

(2) The in-service training program shall include training in:

(i) The theory and practical application of normalization principles;

(ii) The individualization of programming;

(iii) General characteristics and needs of individuals served;

(iv) First aid and cardio-pulmonary resuscitation (CPR);

(v) The fundamental rights of persons with developmental disabilities; and

(vi) Other training components as deemed necessary.

(c) Each direct care staff member shall participate in the in-service training curriculum within 3 months from the date of the staff member's employment.

(d) The Developmental Disabilities Administration shall develop standards for in-service training in accordance with recognized standards for direct care staff.

§7-205.

(a) (1) There is a continuing, nonlapsing Waiting List Equity Fund in the Maryland Department of Health.

(2) The purpose of the Waiting List Equity Fund is to ensure that:

(i) When individuals leave State residential centers, the net average cost of serving them in the State residential center, as defined in subsection (d)(2) of this section, shall follow them to community-based services; and

(ii) Any funds remaining after the individuals leaving State residential centers are served, are used to provide community-based services to individuals eligible for, but not receiving, the community-based services listed in subsection (c) of this section.

(b) Subject to the appropriation process in the annual operating budget, the Department shall use the Waiting List Equity Fund for providing community-based services to individuals eligible for, but not receiving, services from the Developmental Disabilities Administration.

(c) For individuals eligible for, but not receiving, services from the Developmental Disabilities Administration in the Department, the Waiting List Equity Fund shall be used to provide:

(1) Individualized supported living arrangements services;

(2) Respite care;

(3) Individual and family support services;

(4) Supported employment; and

(5) Individualized community integration day services.

(d) (1) The Waiting List Equity Fund shall consist of:

(i) Subject to the appropriation process in the annual operating budget, funds which are equal to the cost of providing services to an individual in a State residential center for each fiscal year, or part of a fiscal year, that the individual is no longer served in a State residential center and is provided community-based services as defined in paragraph (2) of this subsection;

(ii) The net proceeds from contributions under the income tax checkoff system established under § 2-113 of the Tax – General Article; and

(iii) Any other money from any other source accepted for the benefit of the Fund.

(2) In determining funding for the Waiting List Equity Fund, the cost of providing services to an individual in a State residential center shall be calculated by:

(i) Dividing the State residential center's appropriation by the daily average census reported in the State residential center's annual operating budget for the last full fiscal year the individual was served in the State residential center prorated over the number of months the individual is served in the community; and

(ii) Subtracting the following:

1. The average annual itemized expenses associated with institutional services and administrative overhead costs that are demonstrated to be directly attributable to serving individuals remaining in the State residential center;

2. The cost for new admissions certified in accordance with the provisions of §§ 7–502 and 7–503 of this title;

3. The cost for respite care in accordance with § 7–509 of this title;

4. The cost for court–ordered commitments; and

5. Reimbursable federal revenues under TEFRA attributable to direct client costs.

(e) (1) (i) The Department shall adopt regulations for the management and use of the money in the Fund.

(ii) The regulations shall authorize the use of money in the Fund to provide services to individuals:

1. Who are in crisis and need emergency services; and

2. Who are not in crisis and do not need emergency services.

(2) The Waiting List Equity Fund may not be used to supplant funds appropriated for:

(i) Emergency community placements; or

(ii) Transitioning students.

(f) (1) On or before January 1 of each year the Secretary shall prepare a report to be submitted to the General Assembly and the Department of Legislative Services on the Waiting List Equity Fund.

(2) The report shall include:

(i) An accounting of all receipts and expenditures to and from the Fund;

(ii) The number of individuals who left and entered State residential centers during the previous year;

(iii) The number of additional persons who were on the waiting list for developmental disabilities services during the previous year; and

(iv) An accounting of each of the factors used in determining the cost of providing services to an individual in a State residential center in accordance with the provisions of subsection (d)(2) of this section.

(g) Any unspent portions in the Waiting List Equity Fund and any interest earned on money in the Waiting List Equity Fund may not be transferred or revert to the General Fund of the State, but shall remain in the Waiting List Equity Fund to be used for the purposes specified in this section.

§7–206.

(a) (1) Upon notification of the death of an individual in a program or facility funded or operated by the Administration, the administrative head of the program or facility shall report the death:

(i) Immediately to the sheriff, police, or chief law enforcement official in the jurisdiction in which the death occurred;

(ii) Immediately to the Secretary; and

(iii) By the close of business the next working day to:

1. The Deputy Secretary;
2. The health officer in the jurisdiction where the death occurred; and
3. The designated State protection and advocacy system.

(2) A report may be:

- (i) Oral if followed by a written report within 5 working days from the date of the death; or
- (ii) Written.

(3) A written report shall contain:

- (i) The name, age, and sex of the deceased;
- (ii) The time of discovery of the death;
- (iii) The deceased's place of residence at the time of death;
- (iv) The location where the body was discovered;
- (v) The name of the person who took custody of the body;
- (vi) The name of the person evaluating the death, if known;
- (vii) Whether or not an autopsy is being performed, if known;
- (viii) The name, address, and telephone number of the next of kin or legal guardian, if known; and

(ix) Any other information the administrative head of the service or program determines should be provided to the medical examiner and the persons listed in paragraph (1) of this subsection on the deaths occurring:

1. By violence;
2. By suicide;
3. By casualty;
4. Suddenly, if the deceased was in apparent good health; or
5. In any suspicious or unusual manner.

(b) The sheriff, police, or chief law enforcement officer shall inform a medical examiner in accordance with § 5–309(b) of this article, and the medical examiner, if necessary, shall conduct an investigation in accordance with the provisions of that section.

§7–207.

Beginning October 1, 2020, the Administration may not fund providers that pay individuals less than the minimum wage under a certificate that the United States Department of Labor issues to a work activities center or other sheltered workshop to allow the work activities center or workshop to pay an individual less than the wage otherwise required for the individual under federal law.

§7-301.

In this subtitle, "State plan" means the plan established by the Secretary to provide services to individuals eligible for services under this title.

§7-302.

The purpose of the State plan is to identify the populations in need of services, the current state of needed services, and the priorities for new services, including the reallocation of resources.

§7-303.

(a) Through the Developmental Disabilities Administration, the Secretary shall establish and carry out a State plan to provide the following training and habilitation services:

(1) For individuals with developmental disability:

- (i) Day habilitation services;
- (ii) Family support services;
- (iii) Individual support services;
- (iv) Prevention and early detection of disabilities;
- (v) Residential services in community-based settings;
- (vi) Services coordination;
- (vii) Services in State residential centers;
- (viii) Services to insure protection of the individual rights and liberties of individuals with developmental disability;
- (ix) Vocational services;
- (x) Community supported living arrangements services; and
- (xi) Any other services that may be necessary to permit delivery of the services under this subsection.

(2) For individuals without developmental disability, but who meet the eligibility requirements of § 7-403 of this title, individual support services.

(b) The Secretary periodically shall revise the State plan, but not less than every 2 years, to reflect changes in need, current available services, priorities, and any other changes that may affect the need for or scope of care and services.

§7-305.

Through the State plan, the Secretary shall:

(1) Provide or encourage by consultation, cooperation, contract, or direct operation, services and facilities that are needed for the early detection, accurate evaluation, proper referral, protection of individual rights and liberties, and the optimal care and development of individuals with developmental disability who need treatment or services; and

(2) Encourage coordination of services with other public and private agencies that have responsibility for serving individuals with developmental disability.



§7-306.

The Secretary shall implement the State plan through:

- (1) The provision of direct services;
- (2) The purchase of services; or
- (3) Other appropriate means.

§7-306.1. IN EFFECT

**\*\* IN EFFECT UNTIL CONTINGENCY MET PER CHAPTER 648 OF 2014\*\***

(a) The Administration shall develop and implement a funding system for the distribution of State funds to private providers that are under contract with the Administration to provide community-based services to individuals with disability in accordance with the State plan.

(b) Funds received for services that are fee-for-service or that have rates set by regulation shall be subject to recovery by the Administration only for the following purposes:

- (1) Client attendance;
- (2) Client fees; or
- (3) Sanctions allowed through regulations.

(c) (1) Under the funding system developed under subsection (a) of this section, the Administration shall notify each private provider at least 30 days before the beginning of the fiscal year of the billing rate or amount of funds to be paid to the provider for the provision of community-based services to an individual with developmental disability or a group of individuals with developmental disability for the coming fiscal year.

(2) For rates that are set in regulation, the Administration shall include the cost centers used to determine the funding amount of each rate.

(3) (i) A private provider may request an administrative resolution of a billing rate set under paragraph (1) of this subsection except for rates set in regulation.

(ii) Within 60 days after receipt of the provider's request, the Administration shall make a decision on the request for an administrative resolution.

(iii) If an administrative resolution cannot be reached between the provider and the Administration, the provider may request an evidentiary hearing or an oral hearing in accordance with regulations of the Department.

(d) Subject to the provisions of subsections (e), (f), and (g) of this section, the Administration shall provide payment to private providers for the services provided from the funds designated in subsection (c) of this section in accordance with the following payment schedule:

(1) On or before the third business day of the fiscal quarter beginning July 1, 33% of the total annual amount to be paid to the provider;

(2) On or before the third business day of the fiscal quarter beginning October 1, 25% of the total annual amount to be paid to the provider;

(3) On or before the third business day of the fiscal quarter beginning January 1, 25% of the total annual amount to be paid to the provider; and

(4) On or before the third business day of the fiscal quarter beginning April 1, 17% of the total annual amount

to be paid to the provider.

(e) The Administration may deviate from the payment schedule provided under subsection (d) of this section for any provider:

(1) That is reimbursed through the fee payment system and fails to submit properly completed program attendance reports within 15 days of the beginning of each month;

(2) That provides services under the medical assistance program and fails to submit the designated forms used by the medical assistance program to claim federal fund participation within 30 days after the end of each month; or

(3) That fails to submit a cost report for rate-based payment systems or wage surveys as required under subsection (k) of this section.

(f) A deviation from the payment schedule as provided under subsection (e) of this section may occur only if the Administration has:

(1) Advised the provider that:

(i) An attendance report which has been submitted on time is in need of correction;

(ii) A designated medical assistance form which has been submitted on time is in need of correction;

(iii) A cost report for rate-based payment systems has not been submitted within 6 months from the close of the fiscal year or, if submitted, is in need of correction; or

(iv) A wage survey requested under subsection (l) of this section has not been submitted by the later of 60 days from the date of receipt of the request or within 60 days after the last day of the pay period for which the data was requested or, if submitted, is in need of correction.

(2) Allowed the provider at least 5 working days to submit, resubmit or correct the report or form; and

(3) Not in any way contributed to the delay of or error on a report or form.

(g) The amount of a reduction of payments to a provider pursuant to subsections (e) and (f) of this section may not:

(1) Exceed the amount of lost federal revenue attributable to the delay or error; or

(2) In the case of cost reports for rate-based payment systems or wage surveys, exceed \$500 per day per report for each day the report is not submitted past the given due date or corrected.

(h) The Administration:

(1) Shall place sufficient funds in a specially designated account with the Office of the Comptroller to meet its financial obligations under subsection (d) of this section;

(2) Shall disburse funds from the account in accordance with the payment schedule provided in subsection (d) of this section;

(3) May not use the funds in the account for any other purpose except for the purpose of reimbursing private providers for the provision of community-based services to individuals with developmental disability;

(4) Within 1 year after receipt of a private provider's year-end report and cost report for rate-based payment systems, shall reconcile the report and shall provide the provider with a written approval of the report or a written explanation of any items in dispute; and

(5) Shall conduct an audit of each private provider every 4 years.

(i) The Administration shall accept as final the private provider's year-end report and cost report for rate-based payment systems if:

(1) The Administration fails to provide written approval or a written explanation of any items in dispute within 1 year after receiving the report; or

(2) The Administration fails to reconcile the year-end report and cost report for rate-based payment systems within 1 year after receiving the report.

(j) If the Administration fails to conduct an audit of a private provider as required in subsection (h)(5) of this section, the Administration may not audit the private provider for any fiscal year that began more than 48 months before the Administration's notification of audit, unless the Administration suspects fraud or misappropriation of funds.

(k) Private providers shall provide the year-end report to the Administration no later than 6 months after the end of the State fiscal year.

(l) Private providers shall submit to the Administration:

(1) Cost reports for rate-based payment systems no later than 6 months after the end of the State fiscal year; and

(2) Wage surveys by the later of:

(i) 60 days after the last day of the pay period for which the data is requested; or

(ii) 60 days after receipt of a request from the Administration for wage survey information.

§7-306.2.

(a) The Administration shall:

(1) Conduct an independent cost-driven, rate-setting study to set provider rates for community-based services that includes a rate analysis and an impact study that considers the actual cost of providing community-based services, including:

(i) The cost of transportation across all service types;

(ii) Appropriate wage and benefit levels for direct support and supervisory staff; and

(iii) Rates that incorporate the fiscal impact of absence days;

(2) Develop and implement a plan incorporating the findings of the rate-setting study conducted under item (1) of this subsection, including projected costs of implementation and recommendations to address any potential shortfall in funding;

(3) Develop a strategy for assessing the needs of an individual receiving services that conforms with the findings of the rate-setting study conducted under item (1) of this subsection;

(4) Provide for adequate working capital payments to providers;

(5) Develop a sound fiscal billing and payment system that is tested for adequacy and efficiency in payment of providers;

(6) Establish a payment schedule that ensures the timely and efficient reimbursement of providers for services provided; and

(7) Consult with stakeholders, including providers and individuals receiving services, in conducting the rate-setting study and developing the payment system required by this subsection.

(b) The Administration, on or before September 30, 2017, shall complete the study required under subsection (a) of this section.

(c) The Administration shall adopt regulations to implement the payment system required by this section.

§7-306.3. IN EFFECT

// EFFECTIVE UNTIL CONTINGENCY MET PER CHAPTER 648 OF 2014 //

(a) (1) Beginning in fiscal 2014, the wage survey required under § 7-306.1 of this subtitle shall be submitted by a community provider in a format that:

(i) Meets the requirements of this subsection; and

(ii) Is approved by the Department.

(2) The wage survey shall:

(i) Allow the Department to accurately assess the level of wages and benefits paid by a community provider to direct support employees who provide services funded by the Administration;

(ii) At a minimum, include:

1. The starting wage and the average wage paid by the community provider to direct support employees;
2. The expenditures made annually by the community provider for direct support employee wages;
3. The costs and expenditures for mandatory and voluntary fringe benefits; and
4. The average tenure and turnover of direct support employees; and

(iii) Include an attestation by an independent certified public accountant that the data in the wage survey is accurate.

(3) At the request of the Department, a community provider shall make available to the Department individualized payroll information for each direct support employee of the community provider.

(b) (1) (i) Except as provided in subparagraph (ii) of this paragraph, this subsection applies in fiscal year 2016 and each fiscal year thereafter before the earlier of:

1. The implementation of the payment system required under § 7-306.2 of this subtitle; or
2. The end of fiscal year 2019.

(ii) This subsection does not apply in any fiscal year in which the rate increase for community service providers is less than 3.0% over the funding provided in the legislative appropriations for Object 08 Contractual Services Program M00M01.02 Community Services in the prior fiscal year.

(2) The percentage of a community provider's total reported operating expenses, excluding interest on capital and other capital expenses, that is spent on direct support employee salaries, wages, and fringe benefits for a fiscal year, as reported to the Department by the provider in its fiscal year cost report data form, may not be less than the percentage of the community provider's total reported operating expenses spent on direct support employee salaries, wages, and fringe benefits for the last fiscal year in which the rate increase for community service providers is less than 3.0% over the funding provided in the legislative appropriation for Object 08 Contractual Services in Program M00M01.02 Community Services in the prior fiscal year.

(3) If the Department determines that the proportion of a community provider's expenses for direct support employee salaries, wages, and fringe benefits for a fiscal year falls below the level required under paragraph (2) of this subsection, the Department shall notify the community provider of the determination in writing.

(4) A community provider shall have 45 days after receiving notice of the determination under paragraph (3) of this subsection to:

(i) Contest the determination;

(ii) Provide information to the Department demonstrating mitigating circumstances justifying the community provider's noncompliance with paragraph (2) of this subsection, which may include proof that the average wage paid to direct support employees by the community provider increased in proportion to the rate increase to the community provider for the fiscal year; or

(iii) Submit a plan of correction to the Department.

(5) The Department shall notify a community provider in writing of its final determination after affording the community provider the opportunity to contest the determination, demonstrate mitigating circumstances, or submit a plan of correction under paragraph (4) of this subsection.

(6) (i) The Department shall recoup funds from a community provider that have not been expended as required under paragraph (2) of this subsection through a reconciliation process if:

1. A community provider fails to respond to a determination of the Department within the time provided under paragraph (4) of this subsection;

2. The Department does not find mitigating circumstances; or

3. The Department does not accept a plan of correction submitted by the community provider.

(ii) The amount of funds recouped by the Department under this paragraph shall be the difference between the actual funds spent by the community provider on direct support employee salaries, wages, and fringe benefits during the fiscal year at issue and the amount of funds that the community provider was required to spend on direct support employee salaries, wages, and fringe benefits under paragraph (2) of this subsection.

(7) The Department may contract with an independent consultant to implement this subsection.

(c) (1) On or before December 1, 2015, the Department shall submit, in accordance with § 2-1246 of the State Government Article, to the Senate Finance Committee, the Senate Budget and Taxation Committee, the House Appropriations Committee, and the House Health and Government Operations Committee a report summarizing the range of total funding spent by community providers on direct support employee salaries, wages, and fringe benefits as a percentage of total reported operating expenses, excluding interest on capital and other expenses, for fiscal year 2014.

(2) The report required under this subsection shall include an analysis of data to explain any significant outliers in spending patterns among community providers.

7-307.

(a) (1) In this section the following words have the meanings indicated.

(2) "Community direct service worker" means an employee of a community provider that provides treatment or services to developmentally disabled individuals.

(3) "Community provider" means a community-based agency or program funded by the Administration to serve individuals with developmental disabilities.

(4) "Rate" means the reimbursement rate paid by the Department to a community provider from the State General Fund, Maryland Medical Assistance Program funds, other State or federal funds, or a combination of funds.

(b) Notwithstanding the provisions of this title or any other provision of law, the Department shall reimburse community providers as provided in this section.

(c) Subject to subsection (d) of this section, the Department shall increase the rate of reimbursement for community services providers each fiscal year by the amount of rate increase included in the State budget for that fiscal year.

(d) (1) The Governor's proposed budget for fiscal year 2016 shall include a 3.5% rate increase for community service providers over the funding provided in the legislative appropriation for Object 08 Contractual Services in Program M00M01.02 Community Services for fiscal year 2015.

(2) The Governor's proposed budget for fiscal year 2017 shall include a 3.5% rate increase for community service providers over the funding provided in the legislative appropriation for Object 08 Contractual Services in Program M00M01.02 Community Services for fiscal year 2016.

(3) The Governor's proposed budget for fiscal year 2018 shall include a 3.5% rate increase for community service providers over the funding provided in the legislative appropriation for Object 08 Contractual Services in Program M00M01.02 Community Services for fiscal year 2017.

(4) The Governor's proposed budget for fiscal year 2019 shall include a 3.5% rate increase for community service providers over the funding provided in the legislative appropriation for Object 08 Contractual Services in Program M00M01.02 Community Services for fiscal year 2018.

(e) The Governor's proposed budget for fiscal year 2016 and thereafter for community service providers shall be presented in the same manner, including object and program information, as provided for in the fiscal year 2015 budget.

(f) A portion of the funds in subsection (e) of this section may be allocated to address the impact of an increase in the State minimum wage on wages and benefits of direct support workers employed by community providers licensed by the Developmental Disabilities Administration.

§7-401.

(a) The Secretary shall adopt rules and regulations that contain criteria for:

- (1) Appropriate evaluations;
- (2) Allocation of services; and
- (3) Acceptance of individuals for services.

(b) The rules and regulations for individuals with developmental disability and for individuals without developmental disability, but who are eligible solely for individual support services, shall be separate.

§7-402.

Application for services may be made as provided in this subtitle:

- (1) By the individual, if the individual is an adult; or
- (2) By any other person who has a legitimate interest in the welfare of the individual.

§7-403.

(a) (1) Except as otherwise provided in this title, an applicant for services provided or funded, wholly or partly,

by this State shall submit an application to the Department in writing.

(2) The application shall contain the information that the Department requires.

(b) Within 60 days after the Department receives an application for services for an individual, the Secretary, on the basis of the application, shall:

(1) Determine whether there is a reasonable likelihood that the individual:

(i) Has developmental disability; or

(ii) Does not have developmental disability, but may be eligible for individual support services under subsection (c) of this section; and

(2) If a positive determination is made under item (1)(i) or (ii) of this subsection:

(i) Approve the application;

(ii) Determine the nature of the disability;

(iii) Determine the nature of services that the individual may require;

(iv) Determine the type of environment in which any needed services could be provided with the least restriction on the liberty of the individual;

(v) Determine what types of evaluations, if any, the individual requires;

(vi) Inform the individual of these determinations; and

(vii) Inform the individual that these determinations are preliminary and may be subject to modification as a result of further evaluation.

(c) To be eligible for individual support services, an individual shall have a severe chronic disability that:

(1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments; and

(2) Is likely to continue indefinitely.

(d) If the Secretary determines, based on the application, that the individual has a sole diagnosis of mental disorder, the Secretary shall refer the individual to the Behavioral Health Administration.

§7-404.

(a) Before an individual whose application for services has been approved by the Secretary is accepted for services, the individual is required to receive an evaluation in accordance with the rules and regulations adopted under § 7-401(a)(1) of this subtitle.

(b) The Secretary may not accept an individual for services unless the results of the evaluation are that the individual:

(1) Has developmental disability; or

(2) Does not have developmental disability, but does meet the eligibility requirements for individual support services.

(c) (1) From among the individuals whose applications for services have been approved and who have been found eligible for services as a result of the required evaluation, the Secretary shall determine in accordance with the

rules and regulations adopted under § 7-401(a)(2) and (3) of this subtitle the nature, extent, and timing of the services to be provided to individuals.

(2) In making a determination under paragraph (1) of this subsection, the Secretary shall consider:

- (i) The results of the required evaluation;
- (ii) The needs of the individual; and
- (iii) The needs of the family unit of the applicant.

§7-404.1.

(a) In this section, "legal resident" means an individual who maintains the State as the individual's principal establishment, home of record, or permanent home and to where, whenever absent due to military obligation, the individual intends to return.

(b) A dependent of a legal resident of the State who is determined eligible to receive services from the Administration under this title shall retain eligibility for the services:

(1) Regardless of whether the legal resident leaves the State due to the legal resident's military assignment outside the State; and

(2) If the dependent is otherwise eligible for the services.

(c) If a dependent of a legal resident is on a waiting list for services to be provided under this title, the Administration shall allow the dependent to remain on the waiting list for services while the legal resident is outside the State due to the legal resident's military assignment outside the State.

(d) The Administration shall reinstate services provided under this title to a dependent of a legal resident who resides with the legal resident while the legal resident is outside the State due to the legal resident's military assignment outside the State:

(1) On the relocation of the dependent to the State; and

(2) If a request for services is made.

§7-405.

(a) Acceptance for services under this title does not affect an individual's eligibility for services provided by any other public or private agencies.

(b) If the Secretary determines that an individual who is eligible for services under this title also may be eligible for services provided by another agency, the Secretary shall refer the individual to that agency.

§7-406.

(a) The Secretary shall provide notice and an opportunity for a Medicaid fair hearing in accordance with Title 10, Subtitle 2 of the State Government Article and federal Medicaid law to:

- (1) An applicant for Administration Medicaid waiver services who is denied eligibility for the services;
- (2) An applicant for Administration Medicaid waiver services who contests the priority category assigned to the



applicant for the services; and

(3) A recipient of Administration Medicaid waiver services:

(i) Whose claim for Administration Medicaid waiver services is denied or is not acted on with reasonable promptness; or

(ii) Who believes the Administration has taken an action erroneously.

(b) (1) Except as provided in subsection (a) of this section, an applicant for services or a recipient of services under this title may:

(i) Request an informal hearing before the Secretary's designee on any action or inaction of the Secretary made under this title; and

(ii) Request the Secretary to review the decision of the informal hearing.

(2) After the Secretary receives a request for a review, the Secretary shall conduct the review in accordance with Title 10, Subtitle 2 of the State Government Article.

§7-407.

Any person aggrieved by a final decision of the Secretary in a contested case, as defined in § 10-202 of the State Government Article, may take an appeal as allowed in §§ 10-222 and 10-223 of the State Government Article.

§7-501.

(a) There are State residential centers for individuals with an intellectual disability in the Developmental Disabilities Administration.

(b) The Deputy Secretary shall appoint an administrative head for each State residential center.

7-502.

(a) The Secretary shall approve the admission of an individual to a State residential center only if:

(1) The findings of the evaluation are that the individual:

(i) Has an intellectual disability; and

(ii) For adequate habilitation, needs residential services; and

(2) There is no less restrictive setting in which the needed services can be provided and that is available to the individual or will be available to the individual within a reasonable time.

(b) The Secretary may not approve the admission of an individual to a State residential center if:

(1) The findings of the evaluation are that the individual:

(i) Does not have an intellectual disability; or

(ii) Has an intellectual disability but does not need residential services for adequate habilitation; or

(2) There is a less restrictive setting in which the needed services can be provided that is available to the individual or will be available to the individual within a reasonable time.

(c) The Secretary shall provide an individual with the appropriate least restrictive service consistent with the individual's welfare, safety, and plan of habilitation, if the individual:

(1) Has an application for services that has been approved under § 7–404(c) of this title; or

(2) Is considered eligible for transfer under Subtitle 8 of this title by the Deputy Secretary or the Deputy Secretary's designee.

§7–503.

(a) Within 21 days after the admission of an individual to a State residential center, a hearing officer of the Department shall hold a hearing on the admission in accordance with the rules and regulations that the Secretary adopts.

(b) Written notice of the admission of an individual and of the date, time, and place of the individual's hearing on admission shall be given:

(1) On admission, to the individual; and

(2) As soon as possible, but not later than 5 days after the admission, to legal counsel for the individual and to the proponent of admission.

(c) The notice also shall state:

(1) The name of each proponent of the admission;

(2) The right of the individual who has been admitted:

(i) To consult with and be represented by a lawyer; and

(ii) To call witnesses and offer evidence at the hearing on admission;

(3) The availability of the services of the legal aid bureaus, lawyer referral services, and other agencies that exist for the referral of individuals who need legal counsel;

(4) The rights of individuals with developmental disability under Subtitle 10 and § 7–1102 of this title; and

(5) The rights of individuals to release under §§ 7–506, 7–507, and 7–508 of this subtitle.

(d) The Department shall prepare and provide each State residential center with standard forms that set forth, in clear and simple words, the notice provisions of this section.

(e) (1) At the hearing, in order to certify the admission of the individual, it must be affirmatively shown by clear and convincing evidence that the conclusions leading to the decision to admit the individual are supported by the following findings:

(i) The individual has an intellectual disability;

(ii) The individual needs residential services for the individual's adequate habilitation; and

(iii) There is no less restrictive setting in which the needed services can be provided that is available to the individual or will be available to the individual within a reasonable time after the hearing.

(2) If the hearing officer shall find from the admissible evidence that the conclusions leading to the admission are not proved, the hearing officer shall so certify and the individual shall be released from the State residential center.

(3) If the hearing officer shall find from clear and convincing evidence that all of the admission requirements have been proved, the hearing officer shall so certify and the individual's admission shall be considered approved.

(4) If the hearing officer certifies the admission of an individual to a State residential center, the hearing officer shall, at the conclusion of the hearing, write on the certification form any additional services of habilitation that are not included in the evaluation report, but that the hearing officer finds from the evidence are needed by the individual.

(5) If the hearing officer certifies the admission of an individual to a State residential center, the hearing officer shall, at the conclusion of the hearing, advise that individual and the legal counsel of the individual's right to seek judicial release from the State residential center under § 7–507 of this subtitle. The hearing officer shall also advise that individual and the legal counsel of:

(i) The individual's rights under the appeal provisions of §§ 10–222 and 10–223 of the State Government Article; and

(ii) The individual's right to file a petition for habeas corpus under § 7–506 of this subtitle.

§7–504.

The determination of a hearing officer on an admission under this subtitle is a final decision of the Department for the purpose of judicial review of final decisions under Title 10, Subtitle 2 of the State Government Article.

§7–505.

(a) At least once a year, each individual with an intellectual disability who is admitted to a State residential center shall be reevaluated to determine:

(1) Whether the individual continues to meet the requirements of this subtitle for admission to a State residential center;

(2) Whether the services which the individual requires can be provided in a less restrictive setting;

(3) Whether the individual's plan of habilitation as required by § 7–1006 of this title is adequate and suitable; and

(4) Whether the State residential center has complied with and executed the individual's plan of habilitation in accordance with the rules, regulations, and standards that the Secretary adopts.

(b) If the Secretary finds that any individual no longer meets the admission requirements of this subtitle, the Secretary shall begin appropriate proceedings for release or transfer of that individual.

§7–506.

Any individual who has been admitted to a State residential center or any person on behalf of the individual may apply at any time to a court of competent jurisdiction for a writ of habeas corpus to determine the cause and the legality of the detention.

§7–507.

(a) Subject to the limitations in this section, a petition for the release of an individual who is held under this subtitle from a State residential center may be filed, at any time, by:

(1) The individual; or

(2) Any person who has a legitimate interest in the welfare of the individual.

(b) The petition shall be filed in a circuit court for the county:

(1) Where the individual resides or resided at the time of the admission; or

(2) Where the State residential center is located.

- (c) The Administration shall be the respondent in a petition under this section.
- (d) The petition shall be in the form and contain the information that the Maryland Rules require.
- (e) If the petitioner requests trial by jury, the trial shall be held with a jury as in a civil action at law.
- (f) The trier of fact shall determine:
  - (1) Whether the individual has an intellectual disability;
  - (2) Whether for adequate habilitation, the individual needs residential services; and
  - (3) Whether there is a less restrictive setting in which the needed services can be provided that is available to the individual or will be available to the individual within a reasonable time.
- (g) (1) The court shall remand the individual to the custody of the State residential center, if the trier of fact determines that:
  - (i) The individual has an intellectual disability;
  - (ii) For adequate habilitation the individual needs residential services; and
  - (iii) There is no less restrictive setting in which those services needed can be provided and which is available to the individual or will be available to the individual within a reasonable time.
- (2) The court shall order that appropriate less restrictive services be offered to an individual, if the trier of fact determines that:
  - (i) The individual has an intellectual disability;
  - (ii) For adequate habilitation the individual needs residential services; and
  - (iii) There is a less restrictive setting in which the service can be provided, and which from evidence submitted by the Director is available or will be available to the individual within a reasonable time.
- (3) The individual shall be released from the State residential center, if the trier of fact determines that:
  - (i) The individual does not have an intellectual disability;
  - (ii) For adequate habilitation the individual does not need residential services; or
  - (iii) There is a less restrictive setting in which the needed services can be provided that is available to the individual or will be available to the individual within a reasonable time.
- (h) Any party may appeal from a decision on the petition as in any other civil case.
- (i) Appropriate records of the proceeding under this section shall be made a permanent part of the individual's record.
- (j) (1) After a determination on the merits of a petition under this section, a court may not hear a later petition for the individual within 1 year after that determination, unless:
  - (i) The petition is verified, and alleges an improvement in the condition of the individual with an intellectual disability after the determination; and
  - (ii) The court, after review of the verified petition, determines that the matter should be reopened.
- (2) If the matter is reopened, the petition shall be heard as provided in this section.

§7-508.

(a) At the direction of the Secretary, an individual who has been admitted under this subtitle shall be released from a State residential center if:

- (1) The individual is not an individual with an intellectual disability;
- (2) The individual is an individual with an intellectual disability but does not need residential services; or
- (3) There is an available, less restrictive kind of service that is consistent with the welfare and safety of the individual.

(b) (1) At the direction of the Secretary, any individual who has been admitted under this subtitle may be released conditionally from a State residential center for individuals with an intellectual disability, if, in the judgment of the Secretary, the individual:

- (i) Would be cared for properly by the individual or another person; and
- (ii) Would not endanger the individual or the person or property of another.

(2) The Secretary may set the conditions for release that the Secretary considers reasonable. The conditions may relate to:

- (i) The duration of the release;
- (ii) Treatment during release; or
- (iii) Placement under supervised care in an approved setting.

(3) An individual with an intellectual disability released conditionally is considered to be held by the State residential center from which the individual was released.

(c) Each determination of any release of an individual, whether full or conditional, including a summary of the reasons for the determination, shall be made a permanent part of the individual's record.

§7-509.

(a) In this section, "respite care" means care that is made available for an individual with an intellectual disability in a State residential center to provide relief for the person with whom the individual ordinarily lives.

(b) Under regulations that the Department adopts, each State residential center shall reserve at least 2 percent, but not more than 4 percent, of its total beds for respite care.

(c) Respite care for an individual may not exceed 45 days within any 1-year period or 28 consecutive days.

§7-510.

In Part II of this subtitle, "board" means a citizens' advisory board for a State residential center.

§7-511.

There is a citizens' advisory board for each State residential center.

§7-512.

(a) (1) Each board consists of 7 members appointed by the Governor.

(2) The board for each State residential center shall reflect adequately the composition of the community that the State residential center serves.

(3) Of the 7 members of the board for a State residential center:

(i) At least 2 shall be parents or other relatives or guardians of residents of that State residential center; and

(ii) Each of the others shall be individuals who:

1. Are known for their interest in civic and public affairs; and

2. Have expressed an active interest in the care of individuals with an intellectual disability, or generally in intellectual disability endeavors.

(4) The Governor shall appoint the members from a list of qualified individuals submitted to the Governor by the Secretary. The number of names on the list shall be at least twice the number of vacancies.

(b) Each member of the board for a State residential center shall be a resident of the region that the State residential center serves.

(c) (1) The term of a member is 4 years.

(2) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(3) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(4) A member who serves 2 consecutive full 4-year terms may not be reappointed for 4 years after the completion of those terms.

§7-513.

(a) From among its members, each board shall elect a chairperson and other officers that the board considers necessary.

(b) The manner of election of officers and their terms of office shall be as the board determines.

§7-514.

(a) Each board shall meet at least 4 times a year, at the times and places that it determines.

(b) A member of a board:

(1) May not receive compensation; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

§7-515.

(a) Each board may adopt regulations for the conduct of its meetings.

(b) (1) Each board serves in an advisory capacity.

(2) Each board shall:

(i) Submit to the Secretary an annual report on:

1. The needs of individuals with an intellectual disability; and

2. The extent to which its State residential center meets these needs;
  - (ii) Advise the administrative head of the State residential center on its goals, programs, and policies;
  - (iii) Help in evaluating the degree to which these goals are achieved;
  - (iv) Review and make recommendations about the annual budget of the State residential center;
  - (v) Assume leadership in developing community understanding of the needs of individuals with an intellectual disability; and
  - (vi) Carry out any other responsibility that the administrative head of the State residential center requests.

§7-516.

The administrative head for each State residential center may appoint any employee as a law-enforcement officer and, while the employee holds a special police commission issued by the Governor, the employee may:

- (1) Return an individual with an intellectual disability to the State residential center from which the individual has left without approved leave; and
- (2) Be used to protect individuals or property at the State residential center.

§7-517.

- (a) (1) In this section the following words have the meanings indicated.
  - (2) "ICF-ID income" means all revenues received by an ICF-ID from any source providing ICF-ID services to residents of the facility.
  - (3) "Intermediate care facility for individuals with an intellectual disability (ICF-ID)" means a State residential center for individuals with an intellectual disability.
- (b) (1) Each ICF-ID operating in Maryland is subject to an assessment of 6% of all ICF-ID income.
  - (2) The assessment required by this section shall:
    - (i) Be paid by each ICF-ID in accordance with this section; or
    - (ii) Terminate if the assessment is not permissible under Section 1903(w) of the Social Security Act.
- (c) On or before the 15th day of each quarter of the State fiscal year, each ICF-ID shall pay to the Department 6% of the ICF-ID income received during the previous fiscal quarter.
- (d) For fiscal year 2004, the assessment required by this section shall be paid on or before June 20, 2004, based on the ICF-ID income received during the period from April 1, 2003 through March 31, 2004.
- (e) The Department may adopt regulations to implement this section.

§7-601.

There are community-based residential programs that provide residential services in public group homes, private group homes, and alternative living units.

§7-602.

- (a) In this subtitle the following words have the meanings indicated.
- (b) "Private group home" means a group home that is not a public group home, whether or not public funds are

used to finance, wholly or partly, the acquisition, construction, improvement, rehabilitation, maintenance, or operation of the group home.

(c) "Public group home" means a group home that is owned by or leased to the State or a political subdivision of the State, whether or not this group home is maintained and operated by a private, nonprofit person.

§7-603.

(a) This section applies only to public group homes, nonprofit private group homes, and alternative living units.

(b) (1) To avoid discrimination in housing and to afford a natural, residential setting, a group home or an alternative living unit for individuals with developmental disability:

(i) Is deemed conclusively a single-family dwelling;

(ii) Is permitted to locate in all residential zones; and

(iii) May not be subject to any special exception, conditional use permit, or procedure that differs from that required for a single-family dwelling.

(2) The provision of separately identified living quarters for staff may not affect the conclusive designation as a single-family dwelling under paragraph (1)(i) of this subsection.

(3) A general zoning ordinance, rule, or regulation of any political subdivision that conflicts with the provisions of this section or any rule or any regulation that carries out the purpose of this section is superseded by this section to the extent of any conflict.

§7-604.

(a) The Secretary shall, in accordance with the State plan established under Subtitle 3 of this title, determine the need, if any, for one or more public group homes for individuals with developmental disability in each county or multicounty region of the State.

(b) In making the determination, the Secretary shall consult with the following:

(1) The governing body of each county;

(2) The State Board of Education;

(3) County boards of education;

(4) Consumer groups; and

(5) Other public and private agencies.

(c) The part of the State plan that relates to the need for public group homes shall be sent to each county.

§7-605.

(a) (1) If the Secretary certifies that a public group home is needed in a county or multicounty region, the county or counties of the region, in consultation with the local consumer groups, promptly shall choose a site that meets the requirements of the State plan.

(2) Before submitting a proposed site to the Secretary, the governing body of the county where the site is located shall hold at least 1 public hearing in that county.

(b) The Secretary shall cooperate with and help the county or counties to choose a suitable site.



(c) If within 6 months after the Secretary certifies a need for a public group home, a suitable site is not submitted to the Secretary, the Secretary shall declare the county or counties to be in default. However, for good cause shown, the Secretary may extend the 6-month period not more than another 3 months.

(d) Within 3 months after the default by a county or counties, the Secretary shall:

(1) Choose a suitable site; and

(2) After holding a public hearing in the county where the site is located, recommend the site to the Board of Public Works.

§7-606.

(a) (1) If the Board of Public Works approves the site that has been chosen by the Secretary, on a default by a county or counties, the State may:

(i) Acquire the site by lease or purchase, condemnation, or otherwise; and

(ii) Renovate a building or build a public group home that meets the requirements of:

1. The State plan;

2. The regulations issued under § 7-904 of this title relating to community-based residential services; and

3. The program accessibility requirements of the federal regulations (45 C.F.R. §§ 84.21 through 84.23).

(2) Before acquiring the site, the Secretary shall give the governing body for the county where the site is located and the community around the site notice of the intention of the State to acquire and improve the site.

(b) Each public group home that is acquired under this section shall be operated by:

(1) A private, nonprofit person, on terms and conditions as the Secretary approves; or

(2) The State as a provider of last resort on an interim basis until a suitable private operator can be found.

§7-607.

The Secretary shall adopt rules and regulations for issuing certificates of approval for private group homes.

§7-608.

In addition to holding a license required under Subtitle 9 of this title or any other license required by law, a person shall obtain a certificate of approval from the Secretary before the person may establish a private group home.

§7-609.

To qualify for a certificate of approval, an applicant shall satisfy the Secretary that:

(1) The proposed private group home is consistent with the State plan;

(2) The applicant is a proper person to receive a certificate of approval;

(3) The proposed private group home is appropriate for the stated purpose;

(4) The proposed private group home meets or, on completion, will meet the licensing requirements of Subtitle 9 of this title;

(5) The proposed private group home meets or, on completion, will meet all of the general zoning

requirements that apply to the site and that relate to:

- (i) The height and size of any buildings that are involved;
- (ii) The land that may be covered or occupied;
- (iii) The open space requirements;
- (iv) The density requirements; and
- (v) The use of any land or buildings; and

(6) The applicant's facilities meet the federal regulation requirements on program accessibility (45 C.F.R. §§ 84.21 through 84.23).

§7-610.

(a) An applicant for certificate of approval shall submit an application to the Department on the form that the Secretary requires.

(b) The application shall:

- (1) Be signed and verified by the applicant; and
- (2) Provide the information that the Secretary requires, including:
  - (i) The name and address of the applicant;
  - (ii) The street address of the property where the private group home is to be located or, if no address, a description which identifies the property;
  - (iii) If the applicant does not own the property, the name of the owner;
  - (iv) A statement that the applicant will comply with the laws, rules, and regulations that relate to the establishing and operating of private group homes under this subtitle;
  - (v) A statement that the applicant has sufficient resources to establish a private group home, or that those resources are available to the applicant; and
  - (vi) A statement that the applicant's facilities meet the federal regulation requirements on program accessibility (45 C.F.R. §§ 84.21 through 84.23).

§7-611.

(a) When an application for certificate of approval is filed, the Department shall have an investigation made of:

- (1) The applicant;
- (2) The private group home for which approval is sought;
- (3) The facts stated in the application;
- (4) The number of other group homes or alternative living units in the neighborhood;
- (5) The public utilities and services available; and
- (6) The access to transportation, shopping and recreational facilities, and health-related services.

(b) When an application for certificate of approval is filed, the Secretary shall hold a public hearing on the application.

(c) (1) The Secretary shall publish a notice of the hearing within 60 days of receipt of the completed application.

(2) The notice shall state:

(i) The name of the applicant;

(ii) The type of approval that is sought;

(iii) The location of the proposed private group home; and

(iv) The time and place that the Secretary sets for the hearing, which shall be at least 7 but not more than 15 days after the last publication of the notice.

(d) The notice shall be published at least twice in 1 week:

(1) In 2 newspapers published in the county where the private group home is to be located;

(2) If only 1 newspaper is published in that county, in that newspaper; or

(3) If a newspaper is not published in that county, any newspaper with substantial circulation in that county.

§7-612.

(a) The Secretary shall issue a certificate of approval to any applicant who meets the requirements under this Part III of this subtitle.

(b) Unless an applicant agrees to extend the time, the Secretary shall approve or deny an application for certificate of approval within 30 days after the hearing required by § 7-611 of this subtitle.

(c) If the Secretary fails to approve or deny the application within that time, the application shall be deemed to be approved, and the Administration shall issue a certificate of approval.

§7-701.

(a) In this subtitle the following words have the meanings indicated.

(b) "Eligible child" means an individual with developmental disability under the age of 22 years who is:

(1) In an out-of-home placement; or

(2) At immediate risk of out-of-home placement.

(c) (1) "Family" means an eligible child's natural, adoptive, or foster parents.

(2) "Family" includes:

(i) A guardian;

(ii) A person acting as a parent of a child; or

(iii) A relative or stepparent with whom a child lives.

(d) (1) "Family support services" means a program designed to enable a family to provide for the needs of a child with developmental disability living in the home.

(2) "Family support services" includes:

- (i) Individual and family counseling;
- (ii) Personal care;
- (iii) Day care;
- (iv) Specialized equipment;
- (v) Health services;
- (vi) Respite care;
- (vii) Housing adaptations;
- (viii) Transportation; and
- (ix) Other necessary services.

(e) "Program" means the Family Support Services Program.

§7-702.

(a) The General Assembly finds and declares that:

- (1) There are over 2,500 disabled children placed outside of their homes by State agencies;
- (2) Because of a lack of support services within the community, families are often forced to place their disabled children outside the home and excessive costs are associated with certain residential placements;
- (3) The family support services project sponsored by the Maryland State Planning Council on Developmental Disabilities has demonstrated that disabled children can be returned to the community and new residential placements prevented when support services for families are available;
- (4) Family support services enable families to provide for the needs of their disabled children in the least restrictive setting; and
- (5) Maintaining disabled children with their families has been demonstrated to be cost effective.

(b) The General Assembly declares that it is the policy of this State to enhance the quality of life for children with developmental disability and their families, to preserve family unity, and to promote family stability by:

- (1) Providing essential family support services to assist families in caring for children with developmental disability in the home; and
- (2) Diminishing the use of residential placements for children with developmental disability.

§7-703.

(a) (1) There is a Family Support Services Program.

(2) The Administration shall contract with private nonprofit community-based organizations for the provision of family support services in each county of the State.

(3) The Administration shall base the amount of a grant to a county upon the needs of the eligible families in each locality in accordance with the data available through the Family Support Services Consortium Project for localities of comparable size.

(b) The Administration shall implement a sliding payment scale for reimbursement from families financially able to pay for all or part of the services under the Program.

(c) (1) Before using Program funds, the Program shall coordinate and assist any eligible child and family in receiving services available under existing programs including:

- (i) Respite care under Title 7, Subtitle 2 of the Human Services Article;
- (ii) Day care services;
- (iii) Homemaker services;
- (iv) Personal care;
- (v) Services to families with children under § 4-402 of the Family Law Article;
- (vi) Children's medical services under § 15-125 of this article;
- (vii) Attendant care services under Title 7, Subtitle 4 of the Human Services Article; and
- (viii) Other applicable federal and local programs.

(2) The Program shall assist in providing family support services that are not otherwise available.

§7-704.

(a) Beginning July 1, 1986 and each fiscal year thereafter, the Secretary shall request budget support that is sufficient to operate the Program and shall continue to provide family support services at least for the level in effect on June 30, 1986.

(b) (1) The Secretary shall request budget support that is sufficient to operate the family support services project initiated by the Maryland State Planning Council on Developmental Disabilities and serving Baltimore County and Anne Arundel County by July 1, 1988, and shall assume financial responsibility to the extent that funds are provided by the Governor in the budget.

(2) By July 1, 1990, the Secretary shall request budget support sufficient to provide family support services in every county of the State and Baltimore City. The Department shall assume financial responsibility for the Program to the extent that funds are provided in the budget by the Governor.

§7-704.

(a) Beginning July 1, 1986 and each fiscal year thereafter, the Secretary shall request budget support that is sufficient to operate the Program and shall continue to provide family support services at least for the level in effect on June 30, 1986.

(b) (1) The Secretary shall request budget support that is sufficient to operate the family support services project initiated by the Maryland State Planning Council on Developmental Disabilities and serving Baltimore County and Anne Arundel County by July 1, 1988, and shall assume financial responsibility to the extent that funds are provided by the Governor in the budget.

(2) By July 1, 1990, the Secretary shall request budget support sufficient to provide family support services in every county of the State and Baltimore City. The Department shall assume financial responsibility for the Program to the extent that funds are provided in the budget by the Governor. §7-706.

(a) In this part the following words have the meanings indicated.

(b) "Eligible person" means an individual with a developmental disability that is likely to continue indefinitely or an

individual with a severe chronic disability that is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments that is likely to continue indefinitely.

(c) (1) "Individual support services" means a program designed to assist eligible persons in developing their maximum potential and in maintaining themselves in the community.

(2) "Individual support services" includes:

- (i) Identification services;
- (ii) Training and support for self-advocacy;
- (iii) Therapeutic services;
- (iv) Individual and family counseling;
- (v) Medical equipment purchase, rental, and repair;
- (vi) Crisis intervention and follow-up;
- (vii) Attendant care;
- (viii) Respite services;
- (ix) Barrier removal;
- (x) Transportation assistance;
- (xi) Community integration services;
- (xii) Employment related services; and
- (xiii) Other services to maximize independence, productivity, and integration within the community.

(d) "Program" means the Individual Support Services Program. §7-707.

(a) The General Assembly finds and declares that:

(1) Persons with disabilities should be afforded the opportunity to achieve their maximum potential through increased independence, productivity, and integration into the community.

(2) Services provided to persons with disabilities should be provided within a natural home setting in a manner that is responsive to the person's needs and does not overly intrude into the person's life.

(3) Individual support services are flexible, creative services provided in accordance with unique individual needs.

(4) Individual support services promote the development of the individual's inner strengths and encourage informal support networks consisting of family, friends, and the community.

(5) The provision of individual support services is cost effective because reliance upon more expensive day and residential services is diminished.

(6) Although the focus of the Individual Support Services Program is upon the adult with a disability, the provision of individual support services may begin with young adults in adolescence.

(b) The General Assembly declares that it is the policy of this State to promote the independence, productivity,

and integration within the community for individuals with severe disabilities by providing an array of individual support services.

§7–708.

(a) There is an Individual Support Services Program.

(b) The Administration shall enter into grant agreements for the provision of individual support services in all counties of the State.

(c) Eligible persons selected for services by the Administration shall be informed of individual support services and encouraged to use them, as appropriate, prior to being offered full day or residential services.

§7–709.

(a) In this Part IV the following words have the meanings indicated.

(b) (1) “Community supported living arrangements services” means services to assist an individual with developmental disabilities in activities of daily living necessary to permit the individual to live in the individual’s own home, apartment, family home, or rental unit with no more than 2 other individuals who are recipients of these services.

(2) “Community supported living arrangements services” includes:

(i) Personal assistance;

(ii) Training and habilitation services necessary to assist the individual in achieving increased integration, independence, and productivity;

(iii) 24–hour emergency assistance;

(iv) Assistive technology;

(v) Adaptive equipment;

(vi) Support services necessary to enable the individual to participate in community activities;

(vii) Case management services; and

(viii) Other services, as approved by the Secretary.

(c) “Eligible individual” means an individual who:

(1) Has a developmental disability as defined in § 7–101(f) of this title; or

(2) Is eligible only for individual support services, as provided in § 7–403(c) of this title.

(d) “Program” means the Community Supported Living Arrangements Services Program.

(e) “Support services” means individual support services and family support services as defined in this title.

§7–710.

(a) The General Assembly finds and declares that:

(1) The Developmental Disabilities Administration has funded individuals with developmental disabilities in successful residential programs in the communities of the State;

(2) Recipients of services are capable and eager to determine the services and homes they desire to a greater degree than allowed under the present system;

(3) Currently, to obtain residential service, individuals with developmental disabilities must fit into "slots" available in existing service delivery systems, rather than being supported in their own homes;

(4) Support services can be tailored to the needs of individuals with developmental disabilities, regardless of the nature or severity of their disability, to enable them to live in homes of their own choosing that may include homes owned or rented by the recipient or supplied by parents, relatives, or trusts; and

(5) The provision of community supported living arrangements services promotes the integration and independence of individuals with developmental disabilities and enhances their quality of life.

(b) The General Assembly declares that it is the policy of the State to promote the integration and independence of individuals with developmental disabilities and to enhance the quality of life of these individuals by:

(1) Providing essential community supported living arrangements services to eligible individuals to enable them to:

(i) Receive services from providers of their own choosing; and

(ii) Live in their own home or homes of their own choosing in their own community;

(2) Making community supported living arrangements services available to eligible individuals no matter how severe or profound their disability may be; and

(3) Tailoring community supported living arrangements services to the needs of the individual recipients, rather than requiring individuals to fit into a preexisting residential service delivery system.

§7-711.

(a) The Secretary shall adopt regulations for the licensing of persons who provide community supported living arrangements services to eligible individuals that include standards for:

(1) Licensing providers that include grievance procedures for recipients of community supported living arrangements services; and

(2) The inspection of licensees at least once each year.

(b) The regulations shall ensure that community supported living arrangements services to an eligible individual are provided in accordance with an individual support plan as required by regulation.

§7-712.

(a) The Secretary shall establish and implement a Quality Assurance Program for the Community Supported Living Arrangements Services Program.

(b) The Quality Assurance Program shall include:

(1) A system of external monitoring of providers of community supported living arrangements services by recipients, family members, and other interested parties that focuses on the recipient's quality of life;

(2) Reporting procedures to make information available to the public as required by federal regulations; and

(3) Provisions for the ongoing monitoring of the health and well-being of each recipient.

(c) Any State plan amendment affecting the State Medical Assistance Program regarding community supported



living arrangements services, including the Quality Assurance Program, shall be reviewed by the Maryland Developmental Disabilities Council and the Maryland Disability Law Center.

§7-713.

(a) The Secretary shall develop a plan for community supported living arrangements services that addresses:

(1) How services will be structured to meet the needs and preferences of eligible individuals;

(2) The number of eligible individuals estimated to need services and the number of individuals actually provided services sufficient to meet their needs under the Program;

(3) A recipient-based evaluation system on which to base individual and State policy changes to the Program that includes recipient satisfaction with provided services;

(4) Technical assistance and information on how to access and to utilize the Program to recipients, family members of recipients, advocacy organizations, and other interested persons; and

(5) Technical assistance and information to service providers on how to structure services to meet the needs and preferences of recipients.

(b) Community advocacy and provider organizations shall be involved in the development of the State plan for community supported living arrangements services.

(c) In order to offer eligible individuals creative housing alternatives, the Administration shall include in the State plan for community supported living arrangements services a provision for collaboration with the Department of Housing and Community Development and other appropriate agencies and organizations.

(d) (1) In addition to any other provisions required under this section, the State plan for community supported living arrangements services shall provide, to the extent that funds are available, that the first 500 individuals to receive community supported living arrangements services shall be:

(i) Eligible individuals who have applied for community-based residential or support services under this title and are not currently receiving these services; or

(ii) In equal numbers, eligible individuals who are currently receiving residential services and eligible individuals who have applied for community residential or support services and are not currently receiving these services.

(2) After the first 500 individuals have received community supported living arrangements services under paragraph (1) of this subsection, to determine the distribution of available funds, the Secretary shall review:

(i) The needs of eligible individuals who have applied for community-based residential or support services under this title and are not receiving these services; and

(ii) The needs of eligible individuals currently receiving community-based residential or support services.

§7-714.

By December 31, 1991, the Secretary shall adopt regulations necessary to implement the provisions of this part.

§7-717.

(a) (1) In this part, "low intensity support services" means a program designed to:

(i) Enable a family to provide for the needs of a child or an adult who is living in the home and has a severe chronic disability that:

1. Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of physical and mental impairments; and

2. Is likely to continue indefinitely; or

(ii) Support an adult who is living in the community and has a severe chronic disability that:

1. Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of physical and mental impairments; and

2. Is likely to continue indefinitely.

(2) "Low intensity support services" includes the services and items listed in §§ 7-701(d) and 7-706(c) of this subtitle.

(b) There is a Low Intensity Support Services Program in the Administration.

(c) Low intensity support services shall be flexible to meet the needs of individuals or families.

(d) (1) The Administration shall establish a cap of no less than \$2,000 of low intensity support services per individual per fiscal year to a qualifying individual.

(2) The Administration may waive the cap on low intensity support services provided under paragraph (1) of this subsection.

(e) (1) An individual seeking low intensity support services is not required to:

(i) Submit an application to the Department as provided in § 7-403 of this title; or

(ii) Complete an application for the Medical Assistance Program if the low intensity support services will be provided to a minor.

(2) The Department may develop a simplified application process for low intensity support services.

(f) The Administration shall deliver services to an eligible individual seeking low intensity support services dependent on the availability and allocation of funds provided by the Administration.

§7-801.

(a) The Deputy Secretary may transfer an individual with developmental disability from a public residential program or a public day program to another public residential program or public day program or, if a private provider of services agrees, to that private program, if the Deputy Secretary finds that:

(1) The individual with developmental disability either can receive better treatment in, or would be more likely to benefit from treatment at the other program; or

(2) The safety or welfare of other individuals with developmental disability would be furthered.

(b) The Deputy Secretary may transfer any individual with developmental disability who is a resident of another state to a residential facility in that state if the Deputy Secretary finds that the transfer is feasible.

(c) (1) Any finding that the Deputy Secretary makes under subsection (a) or (b) of this section shall be in writing and filed with the record of the individual with developmental disability.

(2) A copy of the finding and the notice to the private provider of services or program to which the individual with developmental disability is being transferred shall be sent to the proponent of admission, guardian of the person, next of kin, and counsel of the individual with developmental disability.

(3) The Deputy Secretary shall give the individual with developmental disability the opportunity for a hearing on the proposed transfer under this section. A transfer may not take place until a decision is issued as a result of the hearing.

(4) The determination of an administrative law judge as a result of a hearing under this section is a final decision of the Department for the purpose of judicial review of final decisions under Title 10, Subtitle 2 of the State Government Article.

#### §7-802.

(a) The Developmental Disabilities Administration may ask the Behavioral Health Administration to accept primary responsibility for an individual in or eligible for admission to a State residential center, if the Developmental Disabilities Administration finds that the individual would be provided for more appropriately in a program for individuals with mental disorders.

(b) The Behavioral Health Administration shall determine whether transfer to a mental health program is appropriate.

(c) A dispute over a transfer of an individual from the Developmental Disabilities Administration to the Behavioral Health Administration shall be resolved, in accordance with procedures that the Secretary sets, on request of the Developmental Disabilities Administration or the Behavioral Health Administration.

(d) The Director shall give the individual with developmental disability the opportunity for a hearing on the proposed transfer under this section.

#### §7-803.

(a) In this section, the term “facility” means an intermediate care facility—intellectual disability consistent with § 1905(d) of the Social Security Act.

(b) A resident of a facility may not be transferred or discharged from the facility involuntarily except for the following reasons:

(1) A medical reason;

(2) The welfare of the resident or other residents;

(3) Knowingly transferring personal assets in violation of a contract provision and only to become eligible for Medicaid benefits;

(4) A nonpayment for a stay; or

(5) The planned closing of the facility.

#### §7-901.

In this subtitle, “recipient of individual support services” means an individual who receives individual support services.

#### §7-902.

This subtitle does not limit the right of any person to practice a health occupation that the individual is licensed or otherwise authorized to practice under the Health Occupations Article.

#### §7-903.

(a) (1) In addition to any other license required by law, a person shall be licensed by the Department before the person may provide services to an individual with developmental disability or a recipient of individual support services.

(2) The Department shall adopt regulations providing for the services requiring licensure under paragraph (1) of this subsection.

(b) (1) If a person is licensed or certified by another State agency or accredited by an organization approved by the Secretary in accordance with § 19–2302 of this article to provide services to an individual with a developmental disability or a recipient of individual support services, the Deputy Secretary may waive the requirement for a license by the Department.

§7–904.

(a) The Secretary shall adopt rules and regulations for the licensing of services for an individual with developmental disability or a recipient of individual support services.

(b) The rules and regulations shall ensure that services to an individual with developmental disability or a recipient of individual support services are provided in accordance with the policy stated in Subtitle 1 of this title.

(c) (1) The rules and regulations shall require that:

(i) At least 75% of the governing body of a licensee shall be residents of the State or reside within a 100-mile radius of the administrative offices of the licensee, which shall be located in the State; and

(ii) No employee of a licensee or immediate family member of an employee of a licensee may serve as a voting member of the governing body of a licensee unless:

1. The employee receives services from the licensee; or

2. The Department explicitly approves the composition of the governing body through an innovative program service plan in accordance with COMAR 10.22.02.09.F.

(2) The requirements of paragraph (1)(i) of this subsection may be waived if a community-based advisory board or committee is established by the licensee and approved by the Department.

(d) The rules and regulations shall also require that an applicant for a license under this section shall demonstrate to the Department the applicant's capability to provide for or arrange for the provision of all applicable services required by this title by submitting, at a minimum, the following documents to the Department:

(1) A business plan that clearly demonstrates the ability of the applicant to provide services in accordance with Maryland regulations and funding requirements;

(2) A summary of the applicant's demonstrated experience in the field of developmental disabilities, in accordance with standards developed by the Department;

(3) Prior licensing reports issued within the previous 10 years from any in-State or out-of-state entities associated with the applicant, including deficiency reports and compliance records on which the State may make reasoned decisions about the qualifications of the applicant; and

(4) A written quality assurance plan, approved by the Developmental Disabilities Administration, to address how the applicant will ensure the health and safety of the individuals served by the applicant and the quality of services provided to individuals by the applicant.

(2) Upon a showing by the Deputy Secretary that the licensed, certified, or accredited person is out of compliance with licensing regulations adopted by the Secretary, the Deputy Secretary may revoke the waiver.

§7–905.

(a) An applicant for a license shall submit an application to the Department on the form that the Department requires.

(b) The application shall provide the information that the Department requires.

§7-906.

When an application for a license is filed, the Department promptly shall investigate the applicant.

§7-907.

(a) An applicant for a license shall meet all requirements in rules and regulations adopted under § 7-904 of this subtitle to be issued a license.

(b) The Department may deny a license:

(1) To any entity that has had a license revoked by the Department within the previous 10 years; or

(2) To any entity that has a corporate officer who has served as a corporate officer for an entity that has had a license revoked by the Department within the previous 10 years.

§7-908.

A license authorizes the licensee to provide services while the license is effective.

§7-909.

(a) In this section, the word "licensee" means a person who is licensed by the Department under this title to provide services.

(b) (1) The Department shall inspect each site or office operated by a licensee at least once annually and at any other time that the Department considers necessary.

(2) The Department shall evaluate periodically the performance of surveyors who carry out inspections under this subsection to ensure the consistent and uniform interpretation and application of licensing requirements.

(c) The Department shall keep a report of each inspection.

(d) The Department shall bring any deficiencies to the attention of:

(1) The executive officer of the licensee; or

(2) In the case of an intermediate care facility-intellectual disability, the State Planning Council and the State-designated protection and advocacy agency.

(e) (1) The Department shall adopt regulations that establish a system of prioritization to respond to and investigate serious reportable incidents, as defined by the Department, in the areas of abuse, neglect, serious injury, and medication errors that threaten the health, safety, and well-being of individuals receiving services funded by the Department in State-operated and in community programs licensed by the Department.

(2) The Department shall seek input from individuals with disabilities and their families, licensees, and advocacy organizations in developing the regulations, prior to publishing the regulations in the Maryland Register for public comment.

(3) The regulations shall define and address:

(i) The procedures and timelines that providers must follow when reporting serious reportable incidents and deaths to the Department;

(ii) The Department's protocol to determine the necessity to investigate a serious reportable incident that takes into account:

1. The severity of the incident;
2. The quality of the licensee's internal investigation; and
3. The number and frequency of serious reportable incidents reported by the licensee to the Department;

(iii) The specific roles and responsibilities of each governmental unit involved in any follow-up investigations that may occur due to a licensee's report of a serious reportable incident or death;

(iv) Methods of investigations, including on-site investigations;

(v) Timelines for response to serious reportable incidents and deaths and investigation of serious reportable incidents and deaths;

(vi) Timelines for issuing specified reports, including corrective action plans, to the Department, licensee, Mortality and Quality Review Committee, Medicaid Fraud Unit, individuals receiving services from the licensee involved in the incident and their guardians or family members, and others; and

(vii) Follow-up protocols for the Department to ensure that corrective action has been implemented by the licensee.

§7-910.

(a) The Department shall deny a license to any applicant or suspend or revoke a license if the applicant or licensee fails to comply with the applicable laws, rules, or regulations of this State.

(b) (1) The Department may impose sanctions, including a civil money penalty, for failure by a licensee to substantially comply with applicable State laws, regulations, or rules.

(2) The Department shall adopt rules and regulations providing for the sanctions to be imposed under this subsection.

(3) A civil money penalty imposed under this subsection may not exceed \$5,000.

(4) In establishing the amount of a civil money penalty imposed under this subsection, the Department shall consider, under guidelines established in the regulations adopted under paragraph (2) of this subsection:

(i) The number, nature, and seriousness of the violations;

(ii) The degree of risk caused by the violations to the health, life, or safety of the individual served by the licensee;

(iii) The efforts made by the licensee to correct the violations;

(iv) Any history of similar violations;

(v) Whether the amount of the proposed civil money penalty will jeopardize the financial ability of the licensee to continue serving individuals; and

(vi) Any other reasonable factors as determined by the Department.

(5) If a civil money penalty is proposed, the Department shall offer the licensee an opportunity for informal dispute resolution.

(6) If, following the opportunity for informal dispute resolution, a civil money penalty is imposed, the Department shall provide:

(i) Written notice of:

1. The basis on which the order is made;
2. The deficiency on which the order is based;
3. The amount of the civil money penalty to be imposed; and
4. The manner in which the amount of the civil money penalty was calculated; and

(ii) An opportunity for a hearing as provided under subsection (e) of this section.

(7) The Department shall have the burden of proof with respect to the imposition of a civil money penalty under this subsection.

(c) Any applicant or licensee who knowingly and willfully makes a false statement in connection with an application under this subtitle shall be guilty of a misdemeanor and upon conviction shall be subject to a fine not to exceed \$1,000, or imprisonment not exceeding 1 year, or both.

(d) The Department may impose a penalty not exceeding \$500 per day per violation for each day a violation occurs on a licensee that fails to comply with the reporting requirements established under § 7–306.1(l) of this title.

(e) Except as otherwise provided in § 10–226 of the State Government Article and subsection (f) of this section, before the Department takes any action against an applicant or a licensee under this section, the Department shall give the applicant or licensee notice and an opportunity for a hearing.

(f) (1) If the Department finds that the public health, safety, or welfare of individuals with disabilities receiving services from a licensee imperatively requires emergency action, the Department may suspend the license or order a licensee to remedy immediately the situation requiring the emergency action.

(2) The order to remedy immediately the situation shall be effective immediately and shall remain in effect until:

- (i) The Department rescinds the order; or
- (ii) There is a resolution through the administrative hearing process.

(3) If the Department issues an order under paragraph (1) of this subsection, the Department promptly shall give the licensee:

- (i) Written notice of the order, the finding, and the reasons that support the finding; and
- (ii) An opportunity to be heard.

§7–1001.

In this subtitle, “licensee” means:

- (1) A person who is licensed by the Administration to provide services; and
- (2) A State residential center.

§7–1002.

(a) “Qualified developmental disability professional” shall be defined by rule and regulation.

(b) It is the policy of this State that, in addition to any other rights, each individual who receives any services provided by the Administration or by a licensee has the following basic rights:

- (1) The right to be treated with courtesy, respect, and full recognition of human dignity and individuality;
- (2) The right to receive treatment, services, and habilitation in the most integrated setting that is available, adequate, appropriate, and in compliance with relevant laws and regulations;
- (3) The right to be free from mental and physical abuse;
- (4) The right to be free from chemical restraints, except for minimal restraints that a physician authorizes, in writing, for a clearly indicated medical need and makes a permanent part of the individual's record;
- (5) The right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disability professional and which are clearly indicated for the protection of the individual with developmental disability or others;
- (6) The right to privacy;
- (7) The right to worship as the individual chooses;
- (8) The right to an accounting of any funds of the individual; and
- (9) The right to be informed of all of the most integrated setting service options licensed through the Administration.

(c) The Secretary shall issue regulations to enforce the rights enumerated in subsection (b) of this section.

(d) Each licensee shall:

- (1) Post, conspicuously in a public place, the policy stated in this section;
- (2) Give a copy of the policy:
  - (i) On admittance, to the individual;
  - (ii) To the guardian, next of kin, or sponsoring agency of the individual; and
  - (iii) To a representative payee of the individual;
- (3) Keep a receipt for the copy that is signed by the person who received the copy; and
- (4) Provide appropriate staff training to carry out the policy.

§7-1003.

(a) To carry out the policy stated in § 7-1002 of this subtitle, the following procedures are required for all services covered under this title.

(b) Each licensee shall:

- (1) On or before acceptance of an individual for services, give the individual a written statement of:
  - (i) The services provided by the licensee, including each service that is required to be offered on an as-needed basis; and
  - (ii) All charges, including any charges for services that are not covered by Medicare, Medicaid, or reimbursement by a State or local public agency; and



(2) Keep a written receipt for the statement that is signed by the individual or, if the individual is a minor, the parent or guardian of the person.

(c) If a licensee provides an individual with a service, the licensee shall give the individual or the guardian of the person information about the diagnosis, treatment, and prognosis of the individual.

(d) (1) Unless it is medically inadvisable, an individual, or the guardian of the person:

(i) Shall participate in the planning of the medical treatment;

(ii) May refuse medication or treatment; and

(iii) Shall be informed of the medical consequences of these actions.

(2) The licensee shall keep a written acknowledgment of the individual or guardian that the medical consequences are known.

(e) (1) Any case discussion, consultation, examination, or medical treatment of an individual who receives services under this title:

(i) Is confidential; and

(ii) Is not open to a person who is not involved directly in the treatment of the individual who receives services under this title unless the individual or the guardian of the person permits the individual to be present.

(2) Except as necessary for the transfer of an individual from one health care institution to another or as required by law or a 3rd party payment contract, the personal, medical, psychological, and individual treatment and developmental information about an individual is confidential and may not be released without the consent of the individual or the guardian of the person to any individual who:

(i) Is not associated with a licensee; or

(ii) Is associated with a licensee, but does not have a demonstrated need for the information.

(f) If it is feasible to do so and not medically contraindicated, spouses who are both residents of a licensed residential facility shall be given the opportunity to share a room.

(g) An individual who receives services under this title from a licensee alone or with other individuals is entitled to present any grievance or recommend a change in a policy or service to the licensee, the Administration, or any other person, without fear of reprisal, restraint, interference, coercion, or discrimination.

(h) (1) An individual shall have reasonable access to a telephone.

(2) An individual shall have reasonable access to writing instruments, stationery, and postage and may use them to write to anyone.

(3) The correspondence of an individual shall be sent to the addressee without delay and, except under the direction of the addressee, without being opened.

(i) (1) An individual shall be entitled to receive visits:

(i) From a lawyer that the individual chooses;

(ii) From a clergyman that the individual chooses; and

(iii) During reasonable visiting hours that the licensee sets, from any other visitor.

(2) Each married individual in a licensed residential facility shall have privacy during a visit by the spouse.

(3) If, for the welfare of the individual, visits are restricted, the restriction shall be:

(i) Signed by the executive officer or administrative head of the licensee; and

(ii) Made a permanent part of the individual's record.

(4) Visits of an individual's lawyer or clergyman may not be restricted.

(j) (1) An individual shall have the right to possess and use clothing and other personal effects.

(2) For essential medical and safety reasons, the executive officer or administrative head of a licensee may take temporary custody of the personal effects and promptly shall make the action a part of the individual's record.

(k) (1) An individual with developmental disability may not be assigned to do any work for a licensee without personal consent and without written approval of the attending physician or the executive officer or administrative head of the licensee.

(2) This subsection does not apply to the performance of an individual's share of household duties or other tasks ancillary to the individual's habilitation program.

(l) The executive officer or administrative head of a licensee is responsible for carrying out this section.

(m) (1) A person who believes that the rights of an individual with developmental disability have been violated shall report the alleged violation to the executive director or administrative head of a licensee.

(2) The executive officer or administrative head of the licensee shall:

(i) Promptly send the report:

1. To the Deputy Secretary; and

2. To the State-designated protection and advocacy agency;

(ii) Investigate the report; and

(iii) After the investigation, report the findings:

1. To the complainant;

2. To the State-designated protection and advocacy agency; and

3. To the Deputy Secretary.

(3) The State-designated protection and advocacy agency shall seek redress of a violation of the rights stated in this section.

§7-1004.

An individual may not be deprived of the right to vote or to receive, hold, and dispose of property solely because the individual has developmental disability or receives services under this title.

§7-1005.

- (a) (1) In this section, "abuse" means:
- (i) Any physical injury that is inflicted willfully or with gross recklessness;
  - (ii) Inhumane treatment; or
  - (iii) Any of the following kinds of sexual abuse:
    - 1. A sexual act, as defined in § 3–301 of the Criminal Law Article;
    - 2. Sexual contact, as defined in § 3–301 of the Criminal Law Article; or
    - 3. Vaginal intercourse, as defined in § 3–301 of the Criminal Law Article.

(2) In this section, "abuse" does not include:

- (i) The performance of:
  - 1. An accepted medical procedure that a physician orders;
  - 2. An accepted behavioral procedure that a licensed psychologist or psychiatrist, as appropriate, orders;

or

- (ii) An action taken by an employee that complies with applicable State and federal laws and applicable Department policies on the use of physical intervention.

(b) (1) In addition to any other reporting requirement of law, a person who believes that an individual with developmental disability has been abused promptly shall report the alleged abuse to the executive officer or administrative head of the licensee.

(2) The executive officer or administrative head shall report the alleged abuse to an appropriate law-enforcement agency.

(3) A report to the executive officer or administrative head:

- (i) May be oral or written; and
- (ii) Shall contain as much information as the reporter is able to provide.

(c) (1) The law-enforcement agency shall:

- (i) Investigate thoroughly each report of an alleged abuse; and
- (ii) Attempt to ensure the protection of the alleged victim.

(2) The investigation shall include:

- (i) A determination of the nature, extent, and cause of the abuse;
- (ii) The identity of the alleged abuser or abusers; and
- (iii) Any other pertinent fact or matter.

(d) As soon as possible, but no later than 10 working days after the completion of the investigation, the law-enforcement agency shall submit a written report of its findings to the State's Attorney, the Deputy Secretary, the State-designated protection and advocacy agency, and the executive officer or administrative head of the licensee.

(e) The Administration shall maintain a central registry of abuse reports and their disposition and shall take

appropriate remedial action.

(f) A person shall have the immunity from liability described under § 5–625 of the Courts and Judicial Proceedings Article for:

- (1) Making a report under this section;
- (2) Participating in an investigation arising out of a report under this section; or
- (3) Participating in a judicial proceeding arising out of a report under this section.

§7–1006.

(a) In this section, “resource coordinator” means an independent professional staff person responsible for assisting in the development and review of an individual plan of habilitation designed to meet the individual’s needs, preferences, desires, goals, and outcomes in the most integrated setting.

(b) (1) The professional and supportive staff of a licensee who provides residential or day habilitation services shall make a written plan of habilitation for each individual with developmental disability who has been accepted for service by the licensee. The plan shall meet applicable federal standards.

(2) At least once a year, the staff shall reevaluate the effectiveness and adequacy of each plan in consultation with the individual with developmental disability and any person authorized to act on behalf of the individual, and shall revise the plan as needed.

(3) (i) The reevaluation required by paragraph (2) of this subsection shall include a determination of whether the needs of the individual could be met in more integrated settings.

(ii) At the time of the reevaluation, each individual with a developmental disability shall be provided a range of the most integrated setting service options that may be appropriate.

(iii) The information provided under subparagraph (ii) of this paragraph shall be given in a manner approved by the Administration.

(4) At least once a year, the Administration shall review the licensee’s execution of the plan of habilitation, and compliance with the rules, regulations, and standards which the Secretary adopts.

(c) (1) (i) The written plan of habilitation for individuals in State residential centers under this section is subject to the requirements described in this subsection.

(ii) The written plan of habilitation shall be developed by the individual, a treating professional, and a resource coordinator who is not employed by or under contract with the State residential center.

(iii) The Developmental Disabilities Administration shall develop the planning protocol and format for the written plan of habilitation to be used by each State residential center.

(iv) On an annual basis and any other time requested by the individual, the treating professional and resource coordinator shall discuss with the individual the service needs of the individual, including identifying community–based Medicaid waiver services defined in § 15–132 of this article, and any other services that may be appropriate.

(v) The treating professional and resource coordinator shall use communication devices and techniques, including the use of sign language, as appropriate, to facilitate the involvement of the individual in the development of the written plan of habilitation.

(vi) Subsequent to the initial written plan of habilitation for individuals in State residential centers, the written plan of habilitation shall include an annual update on the status and progress toward addressing and resolving the barriers identified in subparagraph (vii)4 of this paragraph.

(vii) The written plan of habilitation for individuals in State residential centers shall include:

1. The treating professional's recommendation on the most integrated setting appropriate to meet the individual's needs;

2. The resource coordinator's recommendation on the most integrated setting appropriate to meet the individual's needs;

3. A description of the services and supports, including residential, day, employment, and technology, that are required for the individual to receive services in the most integrated setting appropriate to meet the individual's needs; and

4. A listing of barriers that prevent an individual from receiving the supports and services required for the individual to live in the most integrated setting appropriate to meet the individual's needs, including community capacity or systems, if community services are determined to be the most integrated setting appropriate to meet the individual's needs.

(2) The treating professional and resource coordinator shall identify and report any rights violations as provided in §§ 7-1002(b) and 7-1003(m) of this subtitle.

(3) On or before December 1 of each year, each State residential center shall provide the information required under paragraph (1)(vi) and (vii) of this subsection to the Developmental Disabilities Administration and to the Department of Disabilities.

(4) (i) On or before July 1 of each year, the Developmental Disabilities Administration and the Department of Disabilities shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, summarizing the statewide and regional information provided by the State residential centers in paragraph (3) of this subsection.

(ii) The data shall be incorporated in the State's Olmstead Plan, with recommendations to address the barriers that prevent individuals from living in the most integrated setting appropriate to meet the individual's needs.

(d) Each individual plan of habilitation shall be reviewed and approved, disapproved, or modified by:

(1) The executive officer or administrative head of the licensee or a qualified developmental disability professional, as defined in § 7-1002(a) of this subtitle, whom the executive officer or administrative head designates; and

(2) One other professional individual who is responsible for carrying out a major program but does not participate in the individual plan of habilitation.

(e) Approval of a plan of habilitation shall be based on the current needs of the individual with developmental disability.

(f) (1) If the Secretary denies Medicaid-waiver services that are to be provided to a recipient under a plan of habilitation, the Secretary shall, within 30 days after the denial, provide to the recipient written notice that includes:

(i) The reason for the denial, including a copy of any Administration evaluation of the recipient that relates to the decision of the Secretary; and

(ii) Instructions for the recipient to appeal the decision under § 7-406 of this title.

(2) An individual who receives written notice of a denial of Medicaid-waiver services under paragraph (1) of this subsection may appeal the decision under § 7-406 of this title.

(g) The Secretary shall:

- (1) Adopt rules and regulations to carry out the intent of this section;
- (2) Provide appropriate support and technical assistance to the licensee in developing a plan of habilitation required by this section; and
- (3) With respect to State residential centers, provide the professional and supportive staff and equipment that are necessary to carry out the plans of habilitation required by this section.

§7-1007.

On request, the licensee shall give to the Deputy Secretary or a designee of the Deputy Secretary:

- (1) Any information that the licensee has about an individual served by the licensee;
- (2) Access to the records of the licensee;
- (3) Access to any individual served;
- (4) Access to the records of individuals served by the licensee; and
- (5) Access to any part of the premises of the licensee.

§7-1008.

(a) (1) Each licensee shall keep complete records for each individual who is served by the licensee under this title.

(2) The record shall contain all of the information that is required by this title or the Administration.

(b) A licensee shall keep records in a secure area and available for the inspection by any person with the right of access to the records under this title.

§7-1009.

Within 14 days after an individual with developmental disability asks a licensee for information about its records on that individual, the licensee shall advise the individual, in writing, about the records and the procedures for their disclosure.

§7-1010.

(a) Except as otherwise expressly provided in this section, a licensee may not disclose any record that the licensee keeps on an individual who has been served by the licensee, unless the individual gives written, informed consent to the disclosure.

(b) (1) Subject to the limitations of this subsection, a licensee shall disclose a record of an individual who is served by a licensee to:

(i) The individual with developmental disability, if:

1. A person is not authorized to act on behalf of the individual with developmental disability; and
2. The executive officer or administrative head of the licensee determines that disclosure would not be detrimental to the individual with developmental disability;

(ii) A parent or guardian of the person with developmental disability who is:

1. A minor; or
2. Unless the individual with developmental disability asks that disclosure to the parent or guardian not be

allowed, an adult;

(iii) A lawyer or other individual who is authorized:

1. By the individual with developmental disability; or
2. By another individual to whom, on behalf of the individual with developmental disability, disclosure of the record is authorized; or

(iv) To the executive director or a designee of the executive director of the State–designated protection and advocacy agency, if:

1. The agency has received a request for an investigation; and
2. There is no other person to whom, on behalf of the individual with developmental disability, the record may be disclosed under this paragraph; or
3. The individual with developmental disability is unable to give written informed consent and the Deputy Secretary determines that disclosure is necessary to protect the rights of the individual with developmental disability.

(2) A licensee shall comply within 14 days after an individual with developmental disability or a person who is authorized to act on behalf of that individual, asks in writing:

- (i) To receive a copy of a record; or
- (ii) To see and copy the record disclosed.

(c) If a licensee refuses to disclose a record under subsection (b)(1)(i) of this section, the executive officer or administrative head of a licensee shall apply, within 10 working days after the refusal, to the circuit court for the county where the individual making the request resides or where the site of services to the individual occurred for an order to permit the executive officer or administrative head of the licensee to continue to refuse disclosure to the individual with developmental disability.

(d) A licensee shall disclose a record that is sought:

- (1) By the staff of the licensee to carry out a purpose for which the record is kept;
- (2) By any other person who provides or coordinates services in accordance with the individual's plan of habilitation;
- (3) By the Deputy Secretary or a designee of the Deputy Secretary; and
- (4) By a person to further the purposes of:
  - (i) A medical review committee;
  - (ii) An accreditation board or commission;
  - (iii) A licensing agency that is authorized by statute to review records;
  - (iv) A court order;
  - (v) A representative of the Division of Reimbursement of the Department;
  - (vi) An auditor of the Department;
  - (vii) An auditor of the Office of Legislative Audits of the Department of Legislative Services; or

(viii) The Clients' Rights Committee of the licensee unless the individual with developmental disability objects.

(e) (1) A licensee may require a person who asks for a copy of a record to pay a reasonable fee.

(2) The fee may not exceed the cost of copying the record.

(f) (1) Except for a disclosure that is made to the staff for its routine use under subsection (d)(1) of this section, a licensee shall keep a list of all disclosures of a record.

(2) The list shall state:

(i) The date, nature, and purpose of each disclosure; and

(ii) The name and address of each person to whom the disclosure is made.

§7-1011.

(a) An individual with developmental disability or person who is authorized to act on behalf of the individual may:

(1) Contest a record that the licensee keeps on the individual;

(2) Ask for an addition to or other change in the record; and

(3) Contest disclosure of the record.

(b) Within 14 days after a licensee receives a request to change a record, the licensee shall acknowledge receipt of the request.

(c) (1) Within 14 days after a licensee acknowledges receipt of the request, the licensee shall:

(i) Make or refuse to make the requested change; and

(ii) Give the person who requested the change written notice of the licensee's action.

(2) A notice of refusal shall contain:

(i) Each reason for the refusal; and

(ii) Any procedures that the Deputy Secretary has set for review of the refusal.

(d) (1) An individual with developmental disability or person who is authorized to act on behalf of the individual may ask the Deputy Secretary to review the refusal.

(2) Within 45 days after the request for review, the Deputy Secretary shall:

(i) Complete the review;

(ii) Make a final determination; and

(iii) Give the individual with developmental disability or person who is authorized to act on behalf of the individual written notice of the final determination.

(e) If the final determination of the Deputy Secretary is a refusal to change a record, the written notice shall include:

(1) Each reason for the refusal;



(2) The procedure for inserting in the record a concise statement of the reason that the individual with developmental disability or person who is authorized to act on behalf of the individual disagrees with that refusal; and

(3) Information on the right to seek judicial review of the decision of the Deputy Secretary.

§7-1012. IN EFFECT

\*\* IN EFFECT UNTIL OCTOBER 1, 2021 PER CHAPTERS 521 AND 522 OF 2016 \*\*

(a) The Administration and the Department of Disabilities, in partnership with relevant State agencies, including the Department of Commerce, the State Department of Education, and the Division of Rehabilitation Services, shall develop and implement a plan to phase out on or before October 1, 2020, authorizations under § 3-414 of the Labor and Employment Article to pay an employee with a disability less than the minimum wage otherwise required for the employee under Title 3, Subtitle 4 of the Labor and Employment Article.

(b) The plan developed and implemented under subsection (a) of this section shall include:

(1) Benchmarks and desired outcomes for each year of the phase-out;

(2) A list of the resources necessary to ensure that individuals with disabilities receive support according to the needs and preferences of the individuals and in an integrated setting, regardless of the nature or severity of the individuals' disabilities;

(3) Application for and use of all federal and State funding programs, including programs available under Medicaid waiver amendments and resources under the Workforce Innovation and Opportunity Act, to assist individuals with disabilities to obtain competitive, integrated employment; and

(4) The tracking of outcomes of individuals with disabilities on the basis of:

(i) Wages;

(ii) Unemployment rates;

(iii) The number of individuals who move from subminimum wage positions to competitive, integrated employment; and

(iv) The number of individuals who move from subminimum wage positions to nonpaying activities.

(c) In implementing the plan developed under subsection (a) of this section, the Administration and the Department of Disabilities shall engage statewide organizations, including the Maryland Developmental Disabilities Council, and provider and family statewide advocacy organizations representing those impacted by the phase-out.

(d) (1) On or before October 1, 2017, the Administration and the Department of Disabilities shall submit the plan developed under subsection (a) of this section to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.

(2) On or before October 1, 2018, 2019, and 2020, the Administration and the Department of Disabilities shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly on:

(i) The benchmarks and status of achieving the outcomes included in the plan under subsection (b)(1) of this section; and

(ii) Recommendations for funding levels or other resources necessary to implement the plan developed under subsection (a) of this section.

§7-1013. IN EFFECT

\*\* IN EFFECT UNTIL OCTOBER 1, 2021 PER CHAPTERS 521 AND 522 OF 2016 \*\*

(a) (1) Each individual who is being paid less than the minimum wage under § 3–414 of the Labor and Employment Article and the individual's resource coordinator, in consultation with members from the individual's team, shall develop as part of the individual's annual individual plan a supplemental plan that addresses how community integration and employment will be accomplished.

(2) The resource coordinator shall use appropriate communication devices and techniques, including sign language, to facilitate the involvement of the individual in the development of the individual's supplemental plan.

(b) An individual's supplemental plan shall include:

(1) The resource coordinator's recommendation on the most integrated setting appropriate to meet the individual's needs;

(2) A description of the services and supports that are required for the individual to receive services in the most integrated setting appropriate to meet the individual's needs;

(3) A listing of barriers that prevent the individual from receiving the services and supports required for the individual to work in the most integrated setting appropriate to meet the individual's needs, including:

(i) Barriers to accessing funding and resources, including for staffing, transportation, and other needed services and supports;

(ii) Decision making by the individual or the individual's representative, as appropriate;

(iii) Barriers to accessing medical or behavioral support needs; and

(iv) Family members' concerns or opposition; and

(4) An update on the status and progress toward addressing and resolving barriers identified under item (3) of this subsection in a previous supplemental plan.

(c) The Administration shall develop, in consultation with interested stakeholders, the planning protocol and format for the supplemental plan.

(d) (1) On an annual basis and at any other time requested by an individual who is paid less than the minimum wage under § 3–414 of the Labor and Employment Article, the individual and the individual's resource coordinator and team shall discuss the most integrated employment setting that is appropriate for the individual in accordance with the federal Americans with Disabilities Act.

(2) The resource coordinator shall document in the individual's annual individual plan:

(i) Any discussions held under paragraph (1) of this subsection; and

(ii) Any recommendations that resulted from the discussions.

(e) (1) The Administration shall track the progress of individuals with a supplemental plan by collecting the following data:

(i) The wages of the individuals;

(ii) The unemployment rates of the individuals;

(iii) The number of individuals who move from subminimum wage positions to competitive, integrated employment; and

(iv) The number of individuals who move from subminimum wage positions to nonpaying activities.

(2) On or before September 1, 2018, 2019, and 2020, the Administration shall submit to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly a summary of the data collected under paragraph (1) of this subsection on a statewide and regional basis.

§7–1014. IN EFFECT

\*\* IN EFFECT UNTIL OCTOBER 1, 2021 PER CHAPTERS 521 AND 522 OF 2016\*\*

A new employee employed at less than the minimum wage under § 3–414 of the Labor and Employment Article shall:

- (1) Be informed by the employee's employer of all opportunities to obtain competitive, integrated employment;
- (2) Have a supplemental plan under § 7–1013 of this subtitle that includes:
  - (i) A goal to achieve a specific employment outcome;
  - (ii) A description of the supports needed to achieve the goal;
  - (iii) A plan for monitoring progress toward the goal;
  - (iv) The barriers to competitive, integrated employment; and
  - (v) Goals and activities for the employee when work is not available or the employee chooses not to work on a specific day or during a specific shift;
- (3) When choosing to work, be engaged in work that is consistent with the employee's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
- (4) Choose the employer and the employment; and
- (5) Be informed of the employee's right to choose when to work.

§7–1101.

(a) (1) Unless licensed by the Administration under this title, a person may not provide the following services to an individual with developmental disability or to a recipient of individual support services, as defined in § 7-901 of this title:

- (i) Day habilitation services;
- (ii) Residential services;
- (iii) Services coordination;
- (iv) Vocational services;
- (v) More than 1 family support service, as defined in § 7-701 of this title;
- (vi) More than 1 individual support service; and
- (vii) More than 1 community supported living arrangements service, as defined in § 7-709 of this title.

(2) The Administration, the Administration's designee, or an agency that receives public funds may not place an individual in a residential group home or other facility that is not operating in compliance with applicable State licensing laws.

- (b) A person who provides services in violation of this section is guilty of a misdemeanor and on conviction is

subject to a fine not exceeding \$10,000.

(c) An employee, officer, or director of a provider of services under this title or any other person who knowingly participates in a violation of this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000, or imprisonment not exceeding 1 year, or both.

(d) In addition to any other penalties specified in this section, an individual who is admitted or held against the individual's will by a person who is providing services without a license may recover civil damages from that person and from any other person who knowingly participates in the admission or detention.

#### §7-1102.

(a) A person may not interfere knowingly with the rights of an individual who receives any services under this title.

(b) A person who violates any provision of this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000, or imprisonment not exceeding 2 years, or both.

#### §7-1103.

(a) In this section, "custodian" means:

(1) Executive officer or administrative head of a licensee, as defined in § 7-1001 of this title;

(2) An individual who is responsible for the area where records on individuals who are served by a licensee, as defined in § 7-1001 of this title, are kept; or

(3) Any individual who has or controls the record.

(b) In addition to any damages recoverable in a court of general jurisdiction, a custodian of a record who discloses the record in violation of § 7-1010 of this title is liable to the individual whose records are disclosed unlawfully for punitive damages in an amount that does not exceed \$500 plus reasonable attorney's fees.

#### §7-1104.

(a) A State employee may not receive or solicit, directly or indirectly, any remuneration for providing services to an individual eligible for services under this title except for compensation provided for in the State budget, those charges provided for in Title 16 of this article, and funds received in accordance with subsection (b) of this section.

(b) (1) A State residential center may accept nonbudgeted funds that are available to it but are not part of the appropriation process in this State.

(2) A State residential center may accept these funds only under the policy or regulations that the Secretary sets.

(c) An employee of a licensee may not receive or solicit, directly or indirectly, any remuneration for providing services within the scope of that employment to an individual eligible for services under this title, other than compensation provided by the licensee.

(d) A person who knowingly violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000.

#### §7-1201.

(a) In this section, "Advisory Committee" means the Adults with Developmental Disabilities Citizen's Advisory Committee.

- (b) There is an Adults with Developmental Disabilities Citizen's Advisory Committee in Prince George's County.
- (c) The purposes of the Advisory Committee are to:
  - (1) Provide the Secretary, the Director, the Director of the Southern Maryland Regional Administration, the Director of the Southern Maryland Regional Division of Rehabilitation Services, and groups in the local community with information regarding the needs of adults with developmental disabilities who reside in Prince George's County;
  - (2) Advocate for positive systems change related to the services provided to adults with developmental disabilities;
  - (3) Advocate for a family-friendly relationship with the Administration, the Maryland State Department of Education Division of Rehabilitation Services, and other State and local organizations;
  - (4) Provide a forum for information sharing and support among adults with developmental disabilities and their families;
  - (5) Advocate for best practices in providing services to adults with developmental disabilities; and
  - (6) Seek input from individuals with developmental disabilities, advocates, family members, community partners, service providers, educators, and administrators on local issues related to:
    - (i) Employment, services, and continuing education for adults with developmental disabilities; and
    - (ii) The inclusion of adults with developmental disabilities in the community.
- (d) The Advisory Committee consists of the following members:
  - (1) The Director of the Southern Maryland Regional Administration;
  - (2) The Director of the Southern Maryland Regional Division of Rehabilitation Services;
  - (3) One representative from the Prince George's County Department of Family Services;
  - (4) Parents and family members of individuals with developmental disabilities;
  - (5) Individuals with developmental disabilities;
  - (6) Representatives from Administration service providers; and
  - (7) Representatives from other interested groups, including local colleges, disability advocates, transportation providers, literacy organizations, and recreation groups.
- (e) The Advisory Committee shall elect officers from among its members.
- (f) The regional Administration office shall assist the Advisory Committee in notifying providers and consumers of Administration services of meetings of the Advisory Committee.
- (g) A member of the Advisory Committee may not receive compensation as a member of the Advisory Committee.
- (h)
  - (1) The Advisory Committee shall meet at least once each month.
  - (2) Representatives from the Advisory Committee shall meet with:
    - (i) The Director of the Southern Maryland Regional Administration and the Director of the Southern Maryland Regional Division of Rehabilitation Services at least four times a year; and

(ii) The Secretary and the Director annually.

(i) The Advisory Committee shall:

(1) Provide advice and make recommendations to the Director of the Southern Maryland Regional Administration, the Director of the Southern Maryland Regional Division of Rehabilitation Services, and groups in the local community on the needs of adults with developmental disabilities in Prince George's County;

(2) Provide a forum for input from the residents of Prince George's County on issues related to adults with developmental disabilities; and

(3) Perform any other duty considered appropriate by the Advisory Committee.

§7-1301.

This title may be cited as the "Maryland Developmental Disabilities Law".