

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Maryland

B. Waiver Title(s): Family Supports, Community Supports, and Community Pathways Waivers

C. Control Number(s):

Family Supports (MD.1466.R02.03), Community Supports (MD.1506.R02.02), and Community Pathways (MD.0023.R08.02)

D. Type of Emergency (The state may check more than one box):

<input checked="checked" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

¹ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

- E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Appendix K notes the specific end dates of the temporary flexibilities incorporated into the base waiver and all other flexibilities ending effective November 11, 2023.

This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the COVID-19 virus or the response to the virus (e.g., closure of day programs).

- F. Proposed Effective Date: Start Date: March 13, 2020 Anticipated End Date: six months post the end of the public health emergency

- G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

- H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

- I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

b. ☒ Services

i. ☐ Temporarily modify service scope or coverage.

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ii. ☒ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

The Department will be temporarily exceeding service limitations. The following waiver service-limits may be temporarily exceeded to provide needed services for emergency service provision based on current authorized funding unless specified below. When the emergency is declared to end, service requirement exceptions and utilization of services for individuals must return to the approved standards and frequency and duration as authorized in a participant's person-centered plan prior to the emergency unless otherwise authorized by the DDA.

Residential Services

Community Living - Group Home

Additional authorizations may be added for shared supports in each group home, based on the participants' needs, as follows unless otherwise authorized by the DDA:

1. Up to 8 additional hours in a home serving up to three participants;
2. Up to 16 additional hours, in a home serving up to five participants;
and
3. Up to 24 additional hours, in a home serving up to nine participants.

Supported Living and Personal Supports

Additional authorizations may be added for shared supports in each home based on the participants' needs, as follows unless otherwise authorized by the DDA:

- Up to 8 additional hours in a home serving up to three participants;

Meaningful Day Services including: Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services (CDS), and Day Habilitation (Set forth in the Community Pathways Waiver and the Community Supports Waiver)

1. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
2. The timeframe for completion of currently authorized Employment Discovery and Customization activities may exceed the required six (6) month authorization period but cannot exceed the end date of the Appendix K.
3. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.

***Effective July 1, 2023, the following two service flexibilities were incorporated into the base waivers and the flexibility ended on June 30, 2023:**

1. Meaningful Day services can be provided any day of the week.

2. Removal of the 10-hour per day limit associated with Employment Services – Ongoing Job Supports. Participants will be able to access this support in the event they work overtime.

The state attest ending the above two flexibilities will not have a negative impact or limitations to access of those services. Reference: Community Pathways Waiver MD.0023.R08.00 and Community Supports Waiver MD.1506.R02.00 support services (Set forth in all three Waiver programs: Community Pathways Waiver, Community Supports Waiver, and Family Support Waiver)

Environmental Modifications

Cost may exceed a total of \$15,000, if approved by the DDA.

Effective July 1, 2023, Waiver renewals, MD0023.R08.00, MD.1506.R02.00 and MD.1466.R02.01, increased the limitation to up to \$50,000 every three years unless otherwise authorized by the DDA in the following service. The state attest ending the below flexibility for Environment Modification will not have a negative impact or limitations to access of these services.

Family and Peer Mentoring Services

Family and Peer Mentoring Services may exceed 8 hours per day.

Family Caregiver Training and Empowerment

Family Caregiver Training and Empowerment services can exceed 10 hours of training.

Housing Support Services

Housing Support Services may exceed 8 hours per day.

Individual and Family Directed Goods and Services (IFDGS)

Staff recruitment and advertising dedicated funding may be increased to up to \$1000 per person-centered plan year.

Nursing Services including Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation

1. Initial Nursing Services can be provided without prior authorization by the DDA.
2. Increases to Nurse Case Management and Delegation Services needed as a result of the change in the participant's health status or after the participant's discharge from a hospital or skilled nursing facility can be provided without prior authorization by the DDA.

Personal Supports

1. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
2. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
3. Participants may exceed their current authorization by the DDA within their overall authorized budget without prior authorization by the DDA.

Respite Care Services

An additional up to 360 hours specifically related to the COVID - 19 emergency can be provided without prior authorization by the DDA.

Support Broker Services

Support Broker Services may be provided up to 20 hours per month, unless otherwise authorized by the DDA without prior authorization by the DDA.

*Effective July 1, 2023, the Waiver renewals, MD0023.R08.00, MD.1506.R02.00 and MD.1466.R02.01, allow up to 30 hours per month for the above Support Broker Service, as needed by the participant and within the participant's total approved annual budget, may be purchased with unallocated funds. The state attest ending the above flexibility for Support Broker Services on June 30, 2023 will not have a negative impact or limitations to access of this services.

Unless otherwise noted, all other aforementioned person-centered plan flexibilities noted above will terminate on November 11, 2023.

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g., hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Due to possible need to relocate participants due to the need for separating, self-isolating, or quarantining, services may be provided in alternative settings including, but not limited to, hotels, schools, churches, other community established sites, alternative facility based setting, or the home of a direct care worker.

The Department proposes to temporarily allow adjustments to settings where services can be provided that may differ from those identified in the State's approved waivers. Maryland will also submit this request for expanding settings in which HCBS services can be provided under an 1135 Waiver in order to waive the settings regulation requirements as necessary.

The temporary flexibilities for the settings in which services can be provided will terminate June 30, 2023. The state attest that ending the flexibility to provide services in alternate settings will not limit access to services for waiver participants.

v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

Waiver Program services under the self-directed and traditional service delivery model may be provided in surrounding states including:

1. Services provided in an out of State provider-owned and controlled settings based on a provider agreement with the out-of-state provider, and
2. Services may be provided by DDA-licensed or certified providers and staff in privately owned or leased sites.

Each participant's Coordinator of Community Services will monitor the provision of Waiver program services in out-of-state settings by contacting the participant via telephone on a monthly basis, at minimum.

The aforementioned out-of-state flexibilities noted above will terminate on June 30, 2023. The state attest that ending the flexibility to provide services in out of state settings will not result in limits to access to services for waiver participants.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

- *Hire relatives and legally responsible individuals
- Waive all but essential training
- Policy on Reportable Incidents and Investigations (PORII) training provided in an expedited format
- Sharing staff among providers
- Cardiopulmonary Resuscitation (CPR) and First Aid standards exceptions
- Training in MANDT®*
- *Waiver of high school or General Educational Development (GED) requirement for some services.
- Annual training requirement extension for DSP who have previously completed all training requirements (less than 18 months ago)

*Effective July 1, 2023, the Waiver renewals, MD0023.R08.00, MD.1506.R02.00 and MD.1466.R02.01, expanded options for relatives, legally responsible individuals, and legal guardians to provide services and removed the requirement of a high school or General Education Development (GED) requirement.

Unless otherwise noted, all other aforementioned provider qualification flexibilities noted above will terminate on June 30, 2023. The state attest ending the flexibility will not have a negative impact or limitations to access of services.

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished. [Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Setting Limitations and Staff Ratios

Community Living - Group Home, Supported Living, and Shared Living

1. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as non-quarantine or quarantine sites.
2. Staffing ratios as required by licensure, service definition and/or a participant's person centered plan may be exceeded due to staffing shortages.

Day Habilitation and Community Development Services

1. Staffing ratios as required by licensure, service definition, and/or a participant's person centered plan may be exceeded due to staffing shortages.
2. The requirement to provide services in the community is suspended

Community Development Services

1. The requirement that no more than four (4) people can be supported at a time is suspended.
2. The requirement to provide services in the community is suspended.

All of the aforementioned staff ratio flexibilities noted above will terminate on June 30, 2023. The state attest ending the flexibility will not have a negative impact or limitations to access of services.

- e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Level of care recertification may be postponed up to one year past the original due date when conditions do not allow the Coordinator of Community Services to complete the process.

The level of care recertification flexibility noted above will terminate on June 30, 2023. The state attest ending the flexibility will not have a negative impact or limitations to access of services.

- f. X Temporarily increase payment rates.
[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

The following service rates will temporarily be increased up to 50% of the current rate for supporting participants that tested positive for the COVID-19 virus; and therefore, are required to be isolated. These services are Community Living - Group Home, Supported Living, Shared Living, Personal Supports, and Nursing Services (e.g.; Nurse Health Case Management & Delegation Services, Nurse Consultation, and Nurse Health Case Management).

In addition, the increased rate for isolation can be used, per DDA guidance, for the following reasons:

1. Isolation for someone who is symptomatic;
2. Isolation for someone who has been tested and is awaiting results;
3. Isolation for someone who has tested positive;
4. Isolation for someone who tested negative and still symptomatic;
5. Isolation for roommates that are waiting for the test results of another roommate that they have shared the same caregiver and may have been exposed; and
6. Isolation for anyone who was just discharged from a hospital for any reason.

The changes to the isolation rate criteria will not reduce the number of providers eligible for the rate increase.

All of the aforementioned rate flexibilities noted above will terminate on November 11, 2023.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Incident Reporting

The requirement to conduct an investigation of any incident of deviation in staffing as outlined in a participant's person-centered plan may be suspended, if deemed necessary by the Department.

The requirement to submit an incident report for any deviation in staffing as outlined in a participant's person-centered plan may be suspended. If this requirement is suspended, providers still must report any incidents in which staffing shortages result in a failure to provide care, if deemed necessary by the Department.

Allow for entry of incidents into the DDA incident reporting systems (i.e., PCIS2) outside of typical time frames in instances in which staff shortages due to COVID-19 occur. Response to incidents will not be impacted.

All of the incident reporting requirement flexibilities noted above will terminate on June 30, 2023.

i._ X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary, supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings. [Specify the services.]

Temporarily allow payment for the following in person services for purposes of supporting waiver participants who are in an acute care hospital or receiving a short-term institutional stay. These services will be focused on providing personal, behavioral and communication supports not otherwise provided in that setting. They will not be duplicative of hospital or short-term institutional services.

1. Community Living - Group Home
2. Supported Living
3. Personal Supports
4. Community Development Services
5. Day Habilitation

*Effective January 19, 2021, the Waiver amendment allows for the provision of support in an acute care setting, the flexibility ended January 18, 2021. Reference: MD.0023.R07.05, MD.1506.R01.04, and MD.1466.R01.04.

j._X Temporarily include retainer payments to address emergency related issues. [Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Traditional Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation, up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total), at 80% of the rate.
2. Personal Supports, up to a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) within the authorized limit, unless otherwise authorized by the DDA, at 100% of the rate.
3. *Community Living - Group Home up to two episodes of 30-days (60 days total) at 100% of the rate.
4. Supported Living up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total) at 100% of the rate.

Self-Directed Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation for a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) unless otherwise authorized by the DDA up to 100% of the rate.
2. Personal Supports for a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) up to the authorized limit, unless otherwise authorized by the DDA, up to 100% of the rate.

Effective January 1, 2022, providers who have not accessed Appendix K retainer payments or have exhausted Appendix K retainer payments may access retainer payments as stipulated in the base waiver. The state has a system in place to prevent duplicative billing of retainer payments.

Unless otherwise noted, all of the aforementioned retainer payment flexibilities noted above will terminate on June 30, 2023, for the Community Supports Waiver and Family Supports Waiver. Providers who have not accessed Appendix K retainer payments or have exhausted Appendix K retainer payments may access retainer payments as stipulated in the base waiver. The state has a system in place to prevent duplicative billing of retainer payments.

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Audits and Fiscal Reporting

Temporarily extend all associated deadlines with audits and fiscal reporting requirements. This temporary allowance will terminate in keeping with the timeframe laid out in Section F of the General Information section of this document.

Flexibility in Performance of Required Activities

The Department requests flexibility with respect to deadlines and timetables for performance of required activities conducted by the Department, providers, and contracted entities. These reports and activities include but are not limited to quarterly and annual quality reports, CMS 372, and Evidentiary reports. The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic

The aforementioned flexibilities noted above will terminate on June 30, 2023.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. ☐ Add an electronic method of service delivery (e.g. telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. ☐ Case management
 - ii. ☐ Personal care services that only require verbal cueing
 - iii. ☐ In-home habilitation
 - iv. ☐ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. ☐ Other *[Describe]*:

Temporarily allow electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home and community settings including:

The following services based on needs of the participant and scope of services:

- Behavioral Support Services including Brief Support Implementation Services
- Case Management (i.e., Coordination of Community Services)
- Community Development Services*
- Day Habilitation*
- Employment Discovery and Customization
- Employment Services*
- Personal Supports*
- Supported Employment*
- Nursing Services

*Effective January 19, 2021, virtual supports are allowed for Employment Services, Supported Employment, Community Development Services, Day Habilitation and Personal Supports, the flexibility ended on January 18, 2021. Reference: MD.0023.R07.05, :MD.1506.R01.04, and MD.1466.R01.04.

The Department will temporarily allow the following flexibilities for the Community Pathways, Community Supports and Family Supports waivers respectively:

Telephonic/Remote Services: Community Development, Day Habilitation and Employment Services (includes Employment Discovery/Customization), Personal Supports, Supported Employment and Behavioral Support Services (BSS) with the exception of brief support implementation services that must be provided onsite/in person.

The aforementioned temporary waiver flexibilities were incorporated into the base waivers effective January 19, 2021 and the flexibility ended on January 18, 2021. Reference: MD.0023.R07.05, MD.1506.R01.04, and MD.1466.R01.04.

All other the aforementioned flexibilities noted above will terminate on June 30, 2023, unless otherwise noted. The state attest ending the flexibility will not have a negative impact or limitations to access of services.

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.
- a. ☐ Current safeguards authorized in the approved waiver will apply to these entities.
 - b. ☐ Additional safeguards listed below will apply to these entities.

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4. Provider Qualifications

- a. ☐ Allow spouses and parents of minor children to provide personal care services
- b. ☐ Allow a family member to be paid to render services to an individual.
- c. ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

Relatives and Legally Responsible Individuals (including spouses and parents of minor children)

Community Living - Group Home, Supported Living, Community Development Services, Personal Supports, or Nursing Services may be rendered by relatives or legally responsible individuals (including spouses and parents of minor children) when they have been hired by the participant self-directing or provider agency authorized on the PCP. Relatives and legally responsible individuals must receive training on the participant's PCP for whom they are rendering these services. Training on the PCP must consist of basic health and safety support needs for that participant including but not limited to the aspiration, dehydration, constipation and seizures.

The above authority to hire and pay spouses and parents of minor children will expire on June 30, 2023. The state attest that the change will not cause limitations to the provider pool.

For participants enrolled in the self-directed services delivery model, when one of these services is rendered by relatives or legally responsible individuals, the participant and their support team is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with DDA requirements.

Services may be provided by relatives or legally responsible individuals in the Community Living - Group Home residential site, Supported Living home, private home of the relative or legally responsible individual, and other alternative sites.

New Provider Types

The Department may temporarily waive certain provider qualifications that would typically be required in order to enroll as a Waiver provider. To increase provider options and direct support and clinical staff available for needed service settings during the emergency, providers approved and staff qualified can provide services and supports as follows:

Personal Supports and Community Development Services

Residential Services Agencies include providers authorized under the Medicaid Community First Choice program.

Nurse Health Case Management and Delegation, Nurse Consultation, and Nurse Health Case Management

Nursing agencies approved by the Department's Division of Nursing Services may be used for the provision of Nursing Services and Personal Supports.

Individuals that meet criteria noted in the March 12, 2020 Executive Order "Extending Certain Licenses, Permits, Registrations, and Other Governmental Authorizations, and Authorizing Suspension of Legal Time Requirements. Reference: <https://governor.maryland.gov/wp-content/uploads/2020/03/LicensesPermits-Registration.pdf>.

Behavior Support Services

Providers, Agencies, and Entities authorized, certified, or approved by: Medicaid for Applied Behavioral Analysis, Behavioral Health Administration (BHA), local school systems, nonpublic schools for mental health professionals, Special Education teachers, and Instructional Assistants.

A provider organization's director or MANDT trainer, who are not otherwise licensed to write Behavior Plans, are permitted to develop temporary Emergency Behavior Safety Plans to keep safe when the person has to social isolate or is quarantined.

All of the aforementioned provider qualification flexibilities noted above will terminate on June 30, 2023. The state attest that the change will not cause limitations to the provider pool.

5. Processes

- a. ☐ Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. ☐ Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. ☐ Adjust prior approval/authorization elements approved in waiver.
- d. ☐ Adjust assessment requirements
- e. ☐ Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Marlana
Last Name	Hutchinson
Title:	Director of Office of Long Term Services and Supports
Agency:	Maryland Department of Health (MDH)
Address 1:	201 West Preston Street
Address 2:	Room 134
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-1443
E-mail	Marlana.hutchinson@maryland.gov
Fax Number	410-333-6547

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Rhonda
Last Name	Workman
Title:	Director of Federal Programs and Integrity
Agency:	MDH Developmental Disabilities Administration
Address 1:	201 West Preston Street
Address 2:	Click or tap here to enter text.
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	443-226-1539
E-mail	Rhonda.workman@maryland.gov
Fax Number	Click or tap here to enter text.

8. Authorized Signature

Signature: /S/ _____	Date: 11/9/2023
State Medicaid Director or Designee	

First Name:	Tricia
Last Name	Roddy
Title:	Deputy Medicaid Director
Agency:	MDH Health Care Financing
Address 1:	201 West Preston Street
Address 2:	Room 224
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-5809
E-mail	Tricia.rodny@maryland.gov
Fax Number	Click or tap here to enter text.