

<h1 style="margin: 0;">Regulatory Analysis Form</h1>		<p>This space for use by IRRC</p> <p style="text-align: right;">MAY 19 9:56 AM '07</p>
<p>(1) Agency Department of Public Welfare</p>		<p>IRRC Number: <span style="font-size: 1.5em; font-family: cursive;">2415</span></p>
<p>(2) I.D. Number (Governor's Office Use)</p>		
<p>(3) Short Title</p> <p><i>MA day of care definition.</i></p>		
<p>(4) PA Code Cite</p> <p>55 Pa.Code Chapter 1187</p>	<p>(5) Agency Contacts &amp; Telephone Numbers</p> <p>Primary Contact: Gail Weidman 705-3705</p> <p>Secondary Contact: Tom Jayson 705-3705</p>	
<p>(6) Type of Rulemaking (Check One)</p> <p><input checked="" type="checkbox"/> Proposed Rulemaking</p> <p><input type="checkbox"/> Final Order Adopting Regulation</p> <p><input type="checkbox"/> Final Order, Proposed Rulemaking Omitted</p>		<p>(7) Is a 120-Day Emergency Certification Attached?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: By the Attorney General</p> <p><input type="checkbox"/> Yes: By the Governor</p>
<p>(8) Briefly explain the regulation in clear and nontechnical language.</p> <p>This proposed regulation amends the definition of an <i>MA day of care</i> under 55 Pa.Code § 1187.2 (relating to definitions) to include days of care provided to MA nursing facility residents by Managed Care Organizations under contract with the Department (MA MCO) and Long Term Care Capitated Assistance Program (LTCCAP) providers. The definition is also amended to clarify that days of care provided to MA residents receiving hospice services in MA nursing facilities which are paid for by the Department are also considered as MA days of care.</p>		
<p>(9) State the statutory authority for the regulation and any relevant state or Federal court decisions.</p> <p>Public Welfare Code, Act of June 13, 1967, P.L.31, No.21, §§ 201(2), 206(2), and 403(b) and 443.1 (62 P.S. §§ 201(2), 206(2) 403(b) and 443.1).</p>		

## Regulatory Analysis Form

(10) Is the regulation mandated by any Federal or state law or court order, or Federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

No. This proposed regulation is not mandated by any Federal or state law, regulation or court order.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

During the past several years the number of MA recipients receiving services under the HealthChoices Program and the LTCCAP has grown. As these managed care programs continue to expand, more MA recipients who are admitted to nursing facilities will likely be enrolled in either an MA MCO or the LTCCAP, and more days of care provided in nursing facilities will be paid for by MA MCOs and LTCCAP providers. In anticipation of this change in circumstance, MA nursing facility providers have asked the Department to modify its policies to recognize these days as MA days of care. Upon consideration of this request, the Department agrees that expanding the current definition of an *MA day of care* is appropriate and in the best interest of the MA Program.

The intent of the proposed regulation is to define an MA day of care in a manner that fully recognizes the services that nursing facilities are providing to MA recipients. This proposed regulation is consistent with the Department's ongoing efforts to ensure that MA recipients continue to receive access to medically necessary nursing facility services.

(12) State the public health, safety, environmental or general welfare risks associated with non-regulation.

If the definition of an MA day of care is not amended to include days of care paid by an MA MCO or LTCCAP provider it could discourage nursing facilities from admitting MA recipients who are enrolled in MA MCOs and in the Department's LTCCAP.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

The Department expects that the expansion of the MA day of care definition will encourage nursing facilities to admit MA residents who are enrolled in MA MCOs and enrolled in the LTCCAP. Nursing facilities that admit a greater number of MA residents will benefit by receiving increased disproportionate share incentive payments and case-mix per diem rates. The financial incentive of increased disproportionate share incentive payments and case-mix per diem rates will benefit MA recipients in need of nursing facility services.

Currently there are 643 nursing facilities participating in the MA Program in Pennsylvania. There are approximately 53,121 MA recipients currently residing in those nursing facilities and an average of 78,506 MA recipients receive nursing facility services in a typical year.

## Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

No adverse effects are anticipated from the promulgation of this regulation.

(15) List the person, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

Nursing facilities enrolled and participating in the Pennsylvania Medical Assistance Program are required to comply with this regulation.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The proposed regulation was discussed before the Long-Term Care Subcommittee of the Medical Assistance Advisory Committee (MAAC) on August 14, 2002, February 12, 2003 and February 11, 2004, and the Consumer Subcommittee of the MAAC on September 25, 2002, and the Medical Assistance Advisory Committee on September 26, 2002.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

MA nursing facilities are expected to receive an additional \$500,000 for fiscal year 2003-2004 as a result of this regulation.

## Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

Not applicable.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

The purpose of this regulations change is to expand the definition of Medical Assistance days of care to include days of care for which 100 percent of the cost is paid under the Medical Assistance managed care program or the Long Term Care Capitated Assistance Program. In addition the definition will include days of care in which the resident received hospice services. This regulations change will ensure that all MA days are properly counted in the determination of qualification and payment of the disproportionate share incentive and in the calculation of the nursing facility's case mix index. This change is estimated to increase state costs by \$105,725 in Fiscal Year 2003-2004 and \$236,540 in Fiscal Year 2004-2005 for the additional MA days used in the disproportionate share calculation. However, the additional costs associated with this change will ensure that nursing facilities are not disadvantaged by the expansion of Medical Assistance managed care programs. Funds for this increase were provided in the Fiscal Year 2003-2004 Intergovernmental Transfer Agreement.

*Alan R. [unclear] 2-25-04*

## Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

(Dollar Amounts In Thousands)

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>						
Regulated Community						
Local Government						
State Government	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Savings</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>COSTS:</b>						
Regulated Community						
Local Government						
State Government	\$106	\$237	\$245	\$252	\$260	\$268
<b>Total Costs</b>	<b>\$106</b>	<b>\$237</b>	<b>\$245</b>	<b>\$252</b>	<b>\$260</b>	<b>\$268</b>
<b>REVENUE LOSSES:</b>						
Regulated Community						
Local Government						
State Government	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Revenue Losses</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

(20a) Explain how the estimates listed above were derived.

The Fiscal Year 2003-3004 Intergovernmental Transfer Agreement provided the funding for the costs associated with this regulations change in Fiscal Year 2003-2004 and 2004-2005. Outyear costs are assumed to be a state fund obligation. The IGT amounts are estimated at total annual cost to the Department of \$500,000, based on a previous industry analysis of the impact of managed care Medical Assistance days on the disproportionate share incentive payments. The projected cost is adjusted annually by a 3.0 percent inflationary increase. Due to the effective date of January 1, 2004, the Fiscal Year 2003-2004 cost is estimated at 50 percent of the annual cost.

	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09
MA - Long-Term Care	\$106	\$237	\$245	\$252	\$260	\$268

## Regulatory Analysis Form

(20b) Provide the past three years expenditure history for programs affected by the regulation.

(Dollar Amounts In Thousands)

Program	FY -3	FY -2	FY -1	Current FY
MA - Long-Term Care	\$722,565	\$761,877	\$777,084	\$768,030

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

The expansion of the HealthChoices mandatory managed care program and the Long Term Care Capitated Assistance Program have increased the likelihood that a Medical Assistance recipient who is admitted to a nursing facility will be enrolled in a managed care program. The regulations change will ensure that all Medical Assistance days paid under both the fee-for-service and managed care programs are properly counted in the disproportionate share payment and case-mix calculations. This will ensure equitable treatment of all nursing facilities as the program moves towards statewide expansion of mandatory managed care.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

## Regulatory Analysis Form

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

Nonregulatory alternatives were not considered. This proposed regulation amends the payment methodology contained in the Department's existing regulations and approved State Plan. To change payment methodology, the Department is required to amend the regulation and approved State Plan.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No alternative regulatory schemes were considered because this proposed regulation effectively supports the goals of the Department by providing access to quality of care for MA recipients.

(24) Are there any provisions that are more stringent than Federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

There are no provisions that are more stringent than Federal law.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

Surveys of other states have shown a variety of methodologies that are being used to determine nursing facility payments (e.g. a number of states use a cost-based system, while others employ a case-mix system). Based on the review of those surveys the Department has determined that the proposed regulations will not put the Commonwealth at a disadvantage.

Disproportionate share incentive payments and per diem rate payment provisions are already established under the existing case-mix payment system. The intent of the proposed regulation is to define an MA day of care in a manner that fully recognizes the services that nursing facilities are providing to MA recipients. This proposed regulation is consistent with the Department's ongoing efforts to ensure that MA recipients continue to receive access to medically necessary nursing facility services.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The regulation will not affect the regulations of other state agencies.

## Regulatory Analysis Form

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The expansion of the MA day of care definition is part of the ongoing discussions that the Department is conducting with the nursing facility industry, consumers and other stakeholders regarding a comprehensive overhaul of the case-mix payment system.

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attached copies of forms or reports which will be required as a result of implementation, if available.

The regulation will not change the manner in which MA days of care are reported, however, the regulation will increase the number of MA days of care being reported.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The intent of the proposed regulation is to encourage nursing facilities to admit MA recipients by defining an *MA day of care* in a manner that fully recognizes the services that nursing facilities provide to MA recipients.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The proposed change in the definition of an *MA day of care* should take effect January 1, 2004, and apply to disproportionate share incentive payments for fiscal periods ending on and after December 31, 2003, and to the MA case-mix index for picture dates beginning February 1, 2004.

(31) Provide the schedule for continual review of the regulation.

The Department will review the regulation on an ongoing basis to ensure compliance with Federal and state law and to assess the appropriateness and effectiveness of the regulation. In addition, specific regulatory issues raised by members of the Medical Assistance Advisory Committee (MAAC) and the Long-Term Care Subcommittee of the MAAC will be researched and addressed as needed. The Department will also monitor the impact of the regulation through regular audits and utilization management reviews to determine the effectiveness of the regulation with respect to consumers of long-term care services and the industry. In addition, the Department will be working with the nursing facility industry, consumers and other stakeholders to redesign the current case-mix payment system. As part of the redesign, the Department will be reviewing all existing regulatory provisions relating to nursing facility services.



FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

2004 AUG -3 AM 9:56

RECEIVED

# 2415

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General

BY: *Angela M. Elliott*  
(Deputy Attorney General)

JUN 24 2004  
Date of Approval

Check if applicable  
Copy not approved.  
Objections Attached.

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

Department of Public Welfare  
(Agency)

LEGAL COUNSEL: *Mary Frances Gaborowski 51264*

DOCUMENT/FISCAL NOTE NO. 14-486

DATE OF ADOPTION: \_\_\_\_\_

BY: *Estelle B. Pickman*

TITLE: Secretary of Public Welfare  
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to form and legality. Executive or Independent Agencies

BY: *Michael J. ...*

5/12/04  
Date of Approval

(Deputy General Counsel)  
(~~Chief Counsel, Independent Agency~~)  
(Strike inapplicable title)

Check if applicable. No Attorney General approval or objection within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING  
DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

[55 Pa.Code Chapter 1187]  
Nursing Facility Services  
MA Day of Care Definition

### Statutory Authority

Notice is hereby given that the Department of Public Welfare (Department), under the authority of the Public Welfare Code, Act of June 13, 1967, P.L. 31, No. 21, §§ 201(2), 206(2), 403(b) and 443.1 (62 P.S. §§ 201(2), 206(2), 403(b) and 443.1), intends to amend the regulation set forth in Annex A to this notice.

### Purpose of Regulation

The proposed regulation, if adopted, will expand the definition of an *MA day of care* under 55 Pa.Code § 1187.2 (relating to definitions) to include additional categories of days of care provided to Medical Assistance (MA) nursing facility residents. In addition, the proposed regulation adds the definitions for the Long Term Care Capitated Assistance Program (LTCCAP) and Medical Assistance Managed Care Organization (MA MCO) as these terms are included in the revised definition of an MA day of care.

### Need for Regulation

Currently the Department's regulations define an *MA day of care* as "a day of care for which the Department pays 100% of the MA rate for an MA resident or a day of care for which the Department and the resident pay 100% of the MA rate for the MA resident's care." 55 Pa.Code § 1187.2 (relating to definitions). Under the case-mix payment system in 55 Pa.Code Chapter 1187 (relating to nursing facility services), the

Department uses the definition of an *MA day of care* for two purposes. First, the Department uses the definition to determine which residents are included in the calculation of every nursing facility's quarterly MA Case-Mix Index (CMI) under § 1187.93 (relating to CMI calculations). A nursing facility's MA CMI is "the arithmetic mean of the individual CMIs for residents for whom the Department paid an MA day of care on the [quarterly] picture date." 55 Pa.Code § 1187.93(2). The Department uses the MA CMI to adjust a nursing facility's case-mix per diem rate every quarter during the rate year as specified in § 1187.95(b)(1) (relating to general principles for rate and price setting).

Second, the Department uses the definition of an *MA day of care* to determine which nursing facilities are eligible to receive a disproportionate share incentive payment under § 1187.111 (relating to disproportionate share incentive payments). To qualify for a disproportionate share incentive payment, a nursing facility must maintain an annual overall occupancy rate of at least 90% along with an annual MA occupancy rate of at least 80%. A nursing facility's MA occupancy rate is determined by dividing the MA days of care paid by the Department by the total actual days of care provided by the nursing facility.

As it is presently written, the definition only recognizes as an MA day of care those days for which payment is made under the Department's Fee-For-Service Program. While most MA nursing facility residents receive nursing facility services through the Department's Fee-For-Service Program, some MA recipients may receive

nursing facility services through the HealthChoices Program, the Department's managed care program, and the Long Term Care Capitated Assistance Program (LTCCAP), the Department's community-based managed care program for the frail and elderly. When a HealthChoices managed care organization under contract with the Department (MA MCO) or an LTCCAP provider authorizes nursing facility services for an enrolled MA recipient, the MA MCO or LTCCAP provider, and not the Department, pays the nursing facility for the days of care which the nursing facility provides to the MA recipient. Since such days of care do not meet the current definition of an *MA day of care* in § 1187.2 (relating to definitions), they are not counted in calculating the nursing facility's MA CMI or in determining whether the nursing facility qualifies for a disproportionate share incentive payment.

During the past several years the number of MA recipients receiving services under the HealthChoices Program and the LTCCAP has grown. As these managed care programs continue to expand, more MA recipients who are admitted to nursing facilities will likely be enrolled in either an MA MCO or the LTCCAP, and more days of care provided in nursing facilities will be paid for by MA MCOs and LTCCAP providers. In anticipation of this change in circumstance, MA nursing facility providers have asked the Department to modify its policies to recognize these days as MA days of care. Upon consideration of this request, the Department agrees that expanding the current definition of an *MA day of care* is appropriate and in the best interest of the MA Program.

## Requirements

### § 1187.2. – Definitions.

The Department is proposing to expand the definition of an *MA day of care* to include days of care for which an MA MCO or an LTCCAP provider pays 100% of their negotiated rate or fee for the MA resident's care in a nursing facility and days of care for which the resident and an MA MCO or an LTCCAP provider pays 100% of their negotiated rate or fee for the MA resident's care in a nursing facility. The Department is also proposing to amend the definition to clarify that days of care provided to an MA resident receiving hospice services in a nursing facility which are paid for by the Department are also considered as MA days of care.

In addition, the definitions for the terms LTCCAP and MA MCO are being added to this section to clarify the terms included in the revised definition of an MA day of care. LTCCAP is the Department's community-based managed care program for the frail elderly based on the Federal Program of All-inclusive Care for the Elderly (PACE). MA MCO is an entity under contract with the Department that manages the purchase and provision of health services, including nursing facility services, for MA recipients who are enrolled as members in the entity's health service plan.

The intent of the proposed regulation is to define an MA day of care in a manner that fully recognizes the services that nursing facilities are providing to MA recipients. This proposed regulation is consistent with the Department's ongoing efforts to ensure that MA recipients continue to receive access to medically necessary nursing facility services.

### Affected Organizations

The proposed amendment will affect nursing facilities enrolled in the MA Program.

### Accomplishments and Benefits

Consistent with the recommendation of nursing facility providers, the proposed amendments will revise the current regulation to expand the definition of an *MA day of care*. The proposed revision may result in increased reimbursement and, therefore, benefit both nursing facility providers and residents, who will be assured continued access to medically necessary nursing facility services.

### Fiscal Impact

#### Public Sector

## Commonwealth

By expanding the definition of an *MA day of care*, more nursing facilities may qualify for disproportionate share incentive payments and nursing facilities that currently receive disproportionate share incentive payments may experience an increase in those payments. Nursing facilities may also experience an increase in their case-mix per diem rates as a result of an increase in the MA CMI used to establish the nursing facility's case-mix per diem rate.

## Political Subdivisions

The change in the definition of an *MA day of care* may result in increased disproportionate share incentive payments to county operated nursing facilities that provide nursing facility services to MA recipients. County operated nursing facilities may also experience an increase in their case-mix per diem rates as a result of an increase in the MA CMI used to establish the nursing facility's case-mix per diem rate.

## Private Sector

The change in the definition of an *MA day of care* may result in increased disproportionate share incentive payments to qualified privately owned and operated nursing facilities that provide nursing facility services to MA recipients. Privately owned and operated nursing facilities may also experience an increase in their case-mix per

diem rates as a result of an increase in the MA CMI used to establish the nursing facility's case-mix per diem rate.

#### General Public

Although the proposed regulation amends policies that may result in increased disproportionate share incentive payments and case-mix per diem rates to MA nursing facilities, there will be no fiscal impact on the general public.

#### Paperwork Requirements

There are no new or additional paperwork requirements.

#### Effective Date

The Department proposes that this change in the definition of an *MA day of care* should take effect January 1, 2004, and apply to disproportionate share incentive payments for fiscal periods ending on and after December 31, 2003, and to the MA CMI for picture dates beginning February 1, 2004.

#### Sunset Date



There is no sunset date. The Department will review the effectiveness of this regulation on an ongoing basis and evaluate the need for further amendments.

### Public Comments

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed rulemaking to the Department of Public Welfare, Division of Long Term Care Client Services, P.O. Box 2675, Harrisburg, Pennsylvania 17105, Attention: Gail Weidman, within 30 calendar days after the date of publication of this Notice in the Pennsylvania Bulletin.

Persons with a disability may use the AT&T Relay Service by calling 1-800-654-5984 (TDD users) or 1-800-654-5988 (Voice users).

### Regulatory Review

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on AUG 03 2004 the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed rulemaking, the Department has provided the IRRC and the Committees with a copy of a Regulatory Analysis Form

prepared by the Department. A copy of this form is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comment, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final publication of the regulation.

**ANNEX A**

**Title 55. Public Welfare**

**CHAPTER 1187. Nursing Facility Services**

\* \* \* \* \*

**§ 1187.2. Definitions.**

\* \* \* \* \*

**LTCCAP – Long Term Care Capitated Assistance Program - The Department's community-based managed care program for the frail elderly based on the Federal Program of All-inclusive Care for the Elderly (PACE) (42 U.S.C. A. § 1395eee).**

\* \* \* \* \*

**MA day of care - [A day of care for which the Department pays 100% of the MA rate for an MA resident or a day of care for which the Department and the resident pay 100% of the MA rate for the MA resident's care.]**

**A day of care for which one of the following applies:**

**(i) The Department pays 100% of the MA rate for an MA resident.**

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(ii) The Department and the resident pay 100% of the MA rate for an MA resident.

(iii) An MA MCO or an LTCCAP provider that provides managed care to MA residents, pays 100% of the negotiated rate or fee for an MA resident's care.

(iv) The resident and either an MA MCO or LTCCAP provider that provides managed care to an MA resident, pays 100% of the negotiated rate or fee for an MA resident's care.

(v) The Department pays for care provided to an MA resident receiving hospice services in a nursing facility.

**MA MCO – Medical Assistance Managed Care Organization – An entity under contract with the Department that manages the purchase and provision of health services, including nursing facility services, for MA recipients who are enrolled as members in the entity's health service plan.**

\* \* \* \* \*

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO  
REGULATORY REVIEW ACT

IRRC  
14<sup>th</sup> Floor  
HARRISTOWN II

I.D. NUMBER: 14-486  
SUBJECT: MA Day of Care Definition  
AGENCY: DEPARTMENT OF PUBLIC WELFARE

2004 AUG -3 11:05:56

REVIEW COMMISSION

TYPE OF REGULATION

- X Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
  - a. With Revisions
  - b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
8/2/04	J. d. Chan	HOUSE COMMITTEE ON HEALTH & WELFARE
8/3/04	Matthew McKinney	
8/3/04	Kristi Kruse	SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
8/30/04	Lance E. Carter	
8/3/04	M. Helms	INDEPENDENT REGULATORY REVIEW COMMISSION
		<del>ATTORNEY GENERAL (for Final Omitted only)</del>
8/3/04	C. L. Don	LEGISLATIVE REFERENCE BUREAU (for Proposed only)