

District of Columbia

REGISTER

HIGHLIGHTS

- D.C. Council schedules a public hearing on Fiscal Year 2019 Comprehensive Annual Financial Report
- D.C. Council schedules a public hearing on Bill 23-122, Cashless Retailers Prohibition Act of 2019
- D.C. Council schedules a public hearing on Bill 23-234, Advisory Commission on Monuments, Markers, and Symbols Establishment Act of 2019
- Alcoholic Beverage Regulation Administration schedules a public hearing on the proposed technical amendments to several chapters of Title 23 of the District of Columbia Municipal Regulations
- Office of the Chief Financial Officer releases notice of increase in the annual Homestead Deduction amount for tax year 2020
- Department of Energy and Environment announces comment period for the proposed plan for the Anacostia River Sediment Project
- Department of Health Care Finance announces public comment period for the District’s proposed Medicaid Managed Care Quality Strategy
- Department of Health increases payment rates for the District’s Health Professional Recruitment Program

DISTRICT OF COLUMBIA REGISTER

Publication Authority and Policy

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ENROLLED ORIGINAL

A RESOLUTION

23-287

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To declare the existence of an emergency with respect to the need to amend the Legalization of Marijuana for Medical Treatment Initiative of 1999 and the Student Access to Treatment Act of 2007 to allow for administration of medical marijuana at a school in certain cases.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Student Medical Marijuana Patient Fairness Congressional Review Emergency Declaration Resolution of 2019”.

Sec. 2. (a) On September 17, 2019, the Council passed the Student Medical Marijuana Patient Fairness Emergency Amendment Act of 2019, effective October 7, 2019 (D.C. Act 23-126; 66 DCR 13161) (“emergency act”), which is set to expire on January 5, 2020.

(b) On October 8, 2019, the Council passed, on final reading, the Student Medical Marijuana Patient Fairness Temporary Amendment Act of 2019 enacted on October 23, 2019 (D.C. Act 23-133; 66 DCR 14302) (“temporary act”), which has been transmitted to Congress for the required 30-day review period, with a projected law date of January 16, 2020.

(c) This congressional review emergency legislation is necessary to prevent a gap in the law between the expiration of the emergency act and the anticipated effective date of the temporary act.

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the Student Medical Marijuana Patient Fairness Congressional Review Emergency Amendment Act of 2019 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-289

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the reappointment of Mr. Anthony Giancola to the District of Columbia Water and Sewer Authority Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia Water and Sewer Authority Board of Directors Anthony Giancola Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the reappointment of:

Mr. Anthony Giancola
Cedar Street, N.W.
Washington, D.C. 20012
(Ward 4)

as an alternate member of the Board of Directors of the District of Columbia Water and Sewer Authority, in accordance with section 204 of the Water and Sewer Authority Establishment and Department of Public Works Reorganization Act of 1996, effective April 18, 1996 (D.C. Law 11-111; D.C. Official Code § 34-2202.04), for a term to end September 12, 2023.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-290

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the reappointment of Mr. Howard Gibbs to the District of Columbia Water and Sewer Authority Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia Water and Sewer Authority Board of Directors Howard Gibbs Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the reappointment of:

Mr. Howard Gibbs
3rd Street, S.W.
Washington, D.C. 20024
(Ward 6)

as an alternate member of the Board of Director of the District of Columbia Water and Sewer Authority, in accordance with section 204 of the Water and Sewer Authority Establishment and Department of Public Works Reorganization Act of 1996, effective April 18, 1996 (D.C. Law 11-111; D.C. Official Code § 34-2202.04), for a term to end September 12, 2023.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-291

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the reappointment of Mr. Jed Ross to the District of Columbia Water and Sewer Authority Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia Water and Sewer Authority Board of Directors Jed Ross Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the reappointment of:

Mr. Jed Ross
N Street, N.W.
Washington, D.C. 20007
(Ward 2)

as an alternate member of the Board of Directors of the District of Columbia Water and Sewer Authority, in accordance with section 204 of the Water and Sewer Authority Establishment and Department of Public Works Reorganization Act of 1996, effective April 18, 1996 (D.C. Law 11-111; D.C. Official Code § 34-2202.04), for a term to end September 12, 2023.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-292

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the appointment of Dr. Joe Leonard to the District of Columbia Water and Sewer Authority Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia Water and Sewer Authority Board of Directors Joe Leonard Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the appointment of:

Dr. Joe Leonard
Farragut Street, N.W.
Washington, D.C. 20011
(Ward 4)

as an alternate member of the District of Columbia Water and Sewer Authority Board of Directors, in accordance with section 204 of the Water and Sewer Authority Establishment and Department of Public Works Reorganization Act of 1996, effective April 18, 1996 (D.C. Law 11-111; D.C. Official Code § 34-2202.04), replacing Krystal Brumfield, for a term to end September 12, 2020.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-293

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the reappointment of Mr. David Franco to the District of Columbia Water and Sewer Authority Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “District of Columbia Water and Sewer Authority Board of Directors David Franco Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the reappointment of:

Mr. David Franco
14th Street, N.W.
Washington, D.C. 20009
(Ward 1)

as a member of the Board of Directors of the District of Columbia Water and Sewer Authority, in accordance with section 204 of the Water and Sewer Authority Establishment and Department of Public Works Reorganization Act of 1996, effective April 18, 1996 (D.C. Law 11-111; D.C. Official Code § 34-2202.04), for a term to end September 12, 2023.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-294

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To confirm the appointment of Ms. Lori Chatman as a member of the Green Finance Authority Board.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Green Finance Authority Board Lori Chatman Confirmation Resolution of 2019”.

Sec. 2. The Council of the District of Columbia confirms the appointment of:

Ms. Lori Chatman
Sudbury Place, N.W.
Washington, D.C. 20012
(Ward 4)

as a member with experience in affordable housing or community development of the Green Finance Authority Board, established by section 201 of the Green Finance Authority Establishment Act of 2018, effective August 22, 2018 (D.C. Law 22-155; D.C. Official Code § 8-173.21), for a one-year term.

Sec. 3. The Council shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-295

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To declare the existence of an emergency with respect to the need to amend section 47-4658 of the District of Columbia Official Code to authorize the abatement of real property taxes on the real property described as Lot 72 in Square 5041 and Lot 811 in Square 5056, known as the Parkside Parcel E and J Mixed-Income Apartments, so long as a certificate of occupancy has been issued by September 20, 2022.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Parkside Parcel E and J Mixed-Income Apartments Tax Abatement Emergency Declaration Resolution of 2019”.

Sec. 2. (a) On December 18, 2012, the Council passed the Parkside Parcel E and J Mixed-Income Apartments Tax Abatement Act, effective April 20, 2013 (D.C. law 19-255; D.C. Official Code § 47-4658) (“Act”). The Act provides for a tax abatement on the real property described as Lot 72 in Square 5041 and Lot 811 in Square 5056 if a certificate of occupancy has been issued for 2 174-unit residential buildings (“Project”) by September 20, 2020.

(b) The Project is part of the Parkside Planned Unit Development, a vital economic development project for Ward 7 that will permit up to 50,000 square feet of retail, 750,000 square feet of office space, 2,000 residential units, a park, and a new pedestrian bridge connecting the development to the Minnesota Avenue Metro Station.

(c) The tax abatement is necessary for the United States Department of Housing and Urban Development (“HUD”) to provide financing for the Project.

(d) After years of efforts to secure financing, the developer is expected to close on financing with HUD in December 2019.

(e) As a result of the length of time that has been required to close on financing, the Project will not be able to obtain a certificate of occupancy until after September 20, 2020, in which case HUD will not close on financing under current law.

(f) It is necessary to extend the time to obtain a certificate of occupancy to September 20, 2022 on an emergency basis so that the developer and HUD can close on financing in December 2019 and the Project can proceed.

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the

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Parkside Parcel E and J Mixed-Income Apartments Tax Abatement Emergency Amendment Act of 2019 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-296

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To declare the existence of an emergency with respect to the need to amend the Attorney General for the District of Columbia Clarification and Elected Term Amendment Act of 2010, the Advisory Neighborhood Councils Act of 1975, the Deputy Mayor for Planning and Economic Development Limited Grant-Making Authority Act of 2012, the Day Care Policy Act of 1979, the Neighborhood Engagement Achieves Results Amendment Act of 2016, Title 29 of the D.C. Official Code, the Lead Service Line Priority Replacement Assistance Act of 2004, the Law to Legalize Lotteries, Daily Numbers Games, and Bingo and Raffles for Charitable Purposes in the District of Columbia, the District of Columbia Education Research Practice Partnership Establishment and Audit Act of 2018, the Commission on the Arts and Humanities Act, Title 47 of the D.C. Official Code, and the Commission on the Arts and Humanities Independence and Funding Restructuring Amendment Act of 2019 to clarify provisions supporting the Fiscal Year 2020 budget; and to provide for the award of a grant in the amount of \$100,000 from the Mayor to the Historical Society of Washington, D.C.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Fiscal Year 2020 Budget Support Clarification Second Emergency Declaration Resolution of 2019”.

Sec. 2. (a) On June 18, 2019, the Council passed the Fiscal Year 2020 Budget Support Act of 2019, effective September 11, 2019 (D.C. Law 23-16; 66 DCR 8621) (“Act”). Following the passage of the Act, staff at the Council and the Office of the Chief Financial Officer identified certain provisions in the Act that needed to be clarified or amended to effectuate their intent.

(b) On October 22, 2019, the Council passed the Fiscal Year 2020 Budget Support Clarification Emergency Amendment Act of 2019, effective November 20, 2019 (D.C. Act 23-165; 66 DCR 15351) (“Emergency Act”), which included the minor, technical, and clarifying amendments that were necessary to clarify the law and implement the Fiscal Year 2020 Budget and Financial Plan.

(c) Due to its October 1, 2019 applicability date, the Emergency Act will expire on December 30, 2019.

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(d) On November 5, 2019, the Council passed the Fiscal Year 2020 Budget Support Clarification Temporary Amendment Act of 2019, enacted on December 5, 2019 (D.C. Act 23-175; 66 DCR 16179) (“Temporary Act”). The Mayor returned the Temporary Act and it is pending transmission to Congress.

(e) On December 17, 2019, the Council will consider on second reading the Fiscal Year 2020 Budget Support Clarification Amendment Act of 2019, passed on 1st reading on December 3, 2019 (Engrossed version of Bill 23-504) (“Permanent Act”). The Permanent Act includes the provisions included in the Emergency Act and the Temporary Act, as well as additional provisions identified as necessary to implement the Fiscal Year 2020 Budget and Financial Plan.

(f) The congressional review period for the Temporary Act will create a gap in legal authority between the expiration of the Emergency Act and the effective date of the Temporary Act. A second emergency act is necessary to prevent a gap in legal authority for the provisions contained in the Emergency Act and to allow certain additional provisions in the Permanent Act to become effective immediately.

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the Fiscal Year 2020 Budget Support Clarification Second Emergency Amendment Act of 2019 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.

ENROLLED ORIGINAL

A RESOLUTION

23-297

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

December 17, 2019

To declare the existence of an emergency with respect to the need to amend the District of Columbia Election Code of 1955 to allow candidates to be listed on the ballot for presidential primary elections who have complied with the candidate qualification rules of a political party.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Primary Election Filing Requirement Emergency Declaration Resolution of 2019”.

Sec. 2. (a) In advance of the 2020 presidential primary election on June 2, 2020, there exists an immediate need to amend current law to allow candidates who have complied with a political party’s candidate qualification rules to be listed on the presidential primary election ballot.

(b) Section 5(b)(2) of the District of Columbia Election Code of 1955, approved August 12, 1955 (69 Stat. 700; D.C. Official Code § 1-1001.05(b)(2)), provides that, in order to be listed on a presidential primary election ballot, a candidate must file a petition on behalf of his or her candidacy signed by at least 1,000, or 1%, whichever is fewer, of the qualified electors of the District who are of the same political party as the candidate.

(c) The District of Columbia Democratic Party’s rules provide alternatives to the nominating petition signature collection process that are not explicitly authorized under District law.

(d) Previously, the Council has similarly amended District law to accommodate such alternatives, including before the 2016 presidential primary election.

(e) This emergency legislation would again permit political party rules to provide alternatives to the current statutory candidate qualification process.

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the Primary Election Filing Requirement Emergency Amendment Act of 2019 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.

COUNCIL OF THE DISTRICT OF COLUMBIA
NOTICE OF INTENT TO ACT ON NEW LEGISLATION

The Council of the District of Columbia hereby gives notice of its intention to consider the following legislative matters for final Council action in not less than **15 days**. Referrals of legislation to various committees of the Council are listed below and are subject to change at the legislative meeting immediately following or coinciding with the date of introduction. It is also noted that legislation may be co-sponsored by other Councilmembers after its introduction.

Interested persons wishing to comment may do so in writing addressed to Nyasha Smith, Secretary to the Council, 1350 Pennsylvania Avenue, NW, Room 5, Washington, D.C. 20004. Copies of bills and proposed resolutions are available in the Legislative Services Division, 1350 Pennsylvania Avenue, NW, Room 10, Washington, D.C. 20004 Telephone: 724-8050 or online at www.dccouncil.us.

COUNCIL OF THE DISTRICT OF COLUMBIA

PROPOSED LEGISLATION

BILL

B23-587 Parkside Parcel E and J Mixed-Income Apartments Tax
 Abatement Amendment Act of 2019

Intro. 12-17-19 by Councilmember Gray and referred to the Committee on
 Business and Economic Development

PROPOSED RESOLUTIONS

PR23-614 Board of Real Estate Appraisers Tamora Papas Confirmation Resolution of
 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and
 referred to the Committee on Housing and Neighborhood Revitalization

PR23-615 Board of Real Estate Appraisers Kiara Pesante Haughton Confirmation
 Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and
 referred to the Committee on Housing and Neighborhood Revitalization

PR23-616 Board of Real Estate Appraisers Margot Wilson Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Housing and Neighborhood Revitalization

PR23-617 Board of Real Estate Appraisers Todd Canterbury Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Housing and Neighborhood Revitalization

PR23-618 Domestic Violence Fatality Review Board Laila Leigh Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety

PR23-619 Domestic Violence Fatality Review Board Ashley Joyner Chavous Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety

PR23-620 Domestic Violence Fatality Review Board Karen Barker Marcou Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety

PR23-621 Domestic Violence Fatality Review Board Shannon Sigamoni Confirmation Resolution of 2019

Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety

- PR23-622 Domestic Violence Fatality Review Board Crystal Jacobs Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
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- PR23-623 Domestic Violence Fatality Review Board Lenore Jarvis Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
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- PR23-624 Violence Fatality Review Committee Sara Kerai Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
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- PR23-625 Violence Fatality Review Committee Eric Li Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
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- PR23-626 Violence Fatality Review Committee Mallory Williams Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
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- PR23-627 Violence Fatality Review Committee Joseph Richardson Confirmation Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Judiciary and Public Safety
-
- PR23-628 Medical Marijuana Reciprocity Proposed Rulemaking Approval Resolution of 2019
Intro. 12-17-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Health
-

PR23-631 Parking Meter and Meter Zone Rulemaking Approval Resolution of 2019

Intro. 12-18-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Transportation and the Environment

PR23-632 District of Columbia Combat Sports Commission Paola Moya Confirmation Resolution of 2019

Intro. 12-19-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Business and Economic Development

PR23-633 Board of Pharmacy Allision Hill Confirmation Resolution of 2019

Intro. 12-19-19 by Chairman Mendelson at the request of the Mayor and referred to the Committee on Health

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-23, Crowdy Court Designation Act of 2019
Bill 23-93, Marion S. Barry Building Designation Act of 2019
Bill 23-289, Hannah Hawkins Way Designation Act of 2019

on

Wednesday, January 22, 2020, 10:00 a.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Council Chairman Phil Mendelson announces a public hearing before the Committee of the Whole on Bill 23-23, the “Crowdy Court Designation Act of 2019,” Bill 23-93, the “Marion S. Barry Building Designation Act of 2019,” and Bill 23-289, the “Hannah Hawkins Way Designation Act of 2019.” The hearing will be held at **10:00 a.m.** on **Wednesday, January 22, 2020** in **Room 120** of the John A. Wilson Building.

The stated purpose of **Bill 23-23** is to officially designate the portion of the public alley system within Square 514, bounded by 5th Street, N.W., M Street, N.W., 4th Street, N.W., and New York Avenue, N.W. in Ward 6, as Crowdy Court. The stated purpose of **Bill 23-93** is to officially designate the District government building at 441 4th Street, N.W. (Lot 20 in Square 532, bounded by E Street, N.W., Indiana Avenue, N.W., 4th Street, N.W., and 3rd Street, N.W.), in Ward 2, as the Marion S. Barry Building. The stated purpose of **Bill 23-289** is to symbolically designate the 2200 block of Mount View Place, S.E., in Ward 8, as Hannah Hawkins Way.

For streets and alleys, a symbolic naming is for ceremonial purposes and shall be in addition to and subordinate to any name that is an official name; an official designation typically involves the designation of postal addresses and enables the placement of the primary entrance to residences or offices. Public spaces other than a street or alley, such as parks or buildings, may also be symbolically or officially named.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Evan Cash at (202) 724-7002, and to provide your name, address, telephone number, organizational affiliation and title (if any) by 9:30 a.m. on **Tuesday, January 21, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 17, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to three minutes unless longer time is arranged with the Committee in advance of the hearing. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council's office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on February 5, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF A PUBLIC HEARING
1350 Pennsylvania Avenue, NW, Washington, DC 20004

**CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING**

on

Bill 23-122, Cashless Retailers Prohibition Act of 2019

on

**Thursday, February 13, 2020, 10:00 a.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004**

Council Chairman Phil Mendelson announces a public hearing of the Committee of the on **Bill 23-122**, the “Cashless Retailers Prohibition Act of 2019.” The hearing will be on **Thursday, February 13, 2020 at 10:00 a.m. in Room 120** of the John A. Wilson Building.

The purpose of **Bill 23-122** is to amend Title 28 of the District of Columbia Official Code to prohibit retail establishments from refusing to accept cash as a form of payment, and to provide for enforcement of this requirement.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or to call Blaine Stum, Legislative Policy Advisor, at (202) 724-8092, and to provide your name, address, telephone number, organizational affiliation, and title (if any) by the close of business **Tuesday, February 11, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on February 11, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to three minutes, unless more time is arranged with the Committee in advance of the hearing. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council’s office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on Thursday, February 27, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-166, Potomac River Bridges Towing Compact Amendment Act of 2019
Bill 23-396, District Waterways Management Act of 2019

on

Thursday, January 23, 2020, 12:30 p.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Council Chairman Phil Mendelson announces a public hearing before the Committee of the Whole on Bill 23-166, the “Potomac River Bridges Towing Compact Amendment Act of 2019” and Bill 23-396, the “District Waterways Management Act of 2019.” The hearing will be held at **12:30 p.m.** on **Thursday, January 23, 2020** in **Room 120** of the John A. Wilson Building.

The stated purpose of **Bill 23-166** is to amend, at the request of Maryland and Virginia, the Potomac River Bridges Towing Compact Act of 1999 to add the Harry W. Nice Bridge, Sandy Hook Bridge, Brunswick Bridge, and Point of Rocks Bridge, none of which pass through the District of Columbia, to the list of bridges covered under the compact. The stated purpose of **Bill 23-396** is to establish the District Waterways Management Authority and the District Waterways Management Commission to comprehensively plan, manage, coordinate, promote, and advocate for the diverse uses of and access to the District’s waterways and adjacent property, and to require the development of a District Waterways Management Action Plan.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Peter Johnson at (202) 724-8083, and to provide your name, address, telephone number, organizational affiliation and title (if any) by close of business **Tuesday, January 21, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 21, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to four minutes; less time will be allowed if there are a large number of witnesses. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council’s office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on February 6, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-233, Diverse Washingtonians Commemorative Works Amendment Act of 2019

**Bill 23-234, Advisory Commission on Monuments, Markers, and Symbols
Establishment Act of 2019**

on

**Thursday, January 16, 2020, 10:30 a.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004**

Council Chairman Phil Mendelson announces a public hearing before the Committee of the Whole on Bill 23-233, the “Diverse Washingtonians Commemorative Works Amendment Act of 2019” and Bill 23-234, the “Advisory Commission on Monuments, Markers, and Symbols Establishment Act of 2019.” The hearing will be held at **10:30 a.m.** on **Thursday, January 16, 2020** in **Room 120** of the John A. Wilson Building.

The stated purpose of **Bill 23-233** is to amend the Street and Alley Closing and Acquisition Procedures Act of 1982 to include the Council as among those that may sponsor a commemorative work on public space, and to require the Commemorative Works Committee to commission specified works that honor persons who have made significant contributions to American culture or history, to have at least one such commemorative work erected in each Ward by a date certain, and to develop a written plan to achieve the purposes of this act, and to require the Mayor to submit the plan to the Council for its approval. The stated purpose of **Bill 23-234** is to establish an advisory commission to study monuments, markers, and symbols throughout the District to assess their cultural and historical appropriateness.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Evan Cash at (202) 724-7002, and to provide your name, address, telephone number, organizational affiliation and title (if any) by close of business **Tuesday, January 14, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 14, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to four minutes; less time will be allowed if there are a large number of witnesses. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council’s office or on <http://lms.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on January 30, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-302, Little Brown Bat Official State Mammal Designation Act of 2019

on

Monday, January 27, 2020, 11:30 a.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Council Chairman Phil Mendelson announces a public hearing before the Committee of the Whole on Bill 23-317, the “Little Brown Bat Official State Mammal Designation Act of 2019.” The hearing will be held at **11:30 a.m.** on **Monday, January 27, 2020** in **Room 120** of the John A. Wilson Building.

The stated purpose of **Bill 23-317** is to designate the Little Brown Bat (*Myotis lucifugus*) as the official state mammal of the District of Columbia. This proposed designation was recommended by the Girl Scouts of the Capitol Hill Cluster School, troops 44046, 44047, and 44051, who studied Little Brown Bats and proposed that the Council adopt the bats as the official state mammal of the District of Columbia.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Evan Cash at (202) 724-7002, and to provide your name, address, telephone number, organizational affiliation and title (if any) by close of business **Thursday, January 23, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 23, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to three minutes unless longer time is arranged with the Committee in advance of the hearing. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council’s office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on February 10, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF A PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-361, Equal Access to Changing Tables Amendment Act of 2019

Bill 23-394, Tenant and Homeowner Accountability and Protection Amendment Act of 2019

Bill 23-456, Abatement and Condemnation of Nuisance Properties Amendment Act of 2019

Bill 23-499, Housing Provider Repeated Violation Enhancement Amendment Act of 2019

on

Tuesday, January 28, 2020, 11:30 a.m.

Room 412, John A. Wilson Building

1350 Pennsylvania Avenue, N.W.

Washington, DC 20004

Council Chairman Phil Mendelson announces a public hearing of the Committee of the on **Bill 23-361**, the “Equal Access to Changing Tables Amendment Act of 2019,” **Bill 23-394**, the “Tenant and Homeowner Accountability and Protection Amendment Act of 2019,” **Bill 23-456**, the “Abatement and Condemnation of Nuisance Properties Amendment Act of 2019,” and **Bill 23-499**, the “Housing Provider Repeated Violation Enhancement Amendment Act of 2019.” The hearing will be on **Tuesday, January 28, 2020 at 11:30 a.m. in Room 412** of the John A. Wilson Building.

The purpose of **Bill 23-361** is to require diaper changing accommodations for both sexes in public establishments and newly constructed or substantially renovated business establishments that include at least one toilet facility that is open to the public. The purpose of **Bill 23-394** is to require construction contractors to provide proof of financial responsibility and construction cost estimates, to require reporting of lapsed insurance of contractors by the insurer, to require housing providers to furnish documentation of a Basic Business License when filing an action for possession or attempting to raise rent, to establish an expiration date for permits, to establish rat abatement protocols for demolition permits, to require those doing construction or condo conversion to post bond or a letter of credit in the amount of 10% of the estimated cost, to establish additional certification requirements for housing code inspectors, and to establish a Construction Commission appointed by the Mayor to set standards for the licensing of contractors. The purpose of **Bill 23-456** is to authorize the Office of Attorney General to issue subpoenas for documents and testimony as part of a receivership investigation, to authorize the Court to order anyone in control of the property to contribute funds in excess of rents to abate violations, to provider relocation of displaced tenants and upkeep and debts of a building while in receivership, and to establish when receivership can be terminated. The purpose of **Bill 23-499** is to add circumstances when a receiver may be appointed to include repeated violations by property owners of residential tenant housing that occur three times within an 18-month period.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or to call Blaine Stum, Legislative Policy Advisor, at (202) 724-8092, and to provide your name, address, telephone number, organizational affiliation, and title (if any) by the close of business **Friday, January 24, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five (5) business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five (5) business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 24th the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to three minutes, unless more time is arranged with the Committee in advance of the hearing. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council's office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed 24 hours in advance of the hearing at <http://www.chairmanmendelson.com/circulation>.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on Tuesday, February 11, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 23-399, O Street Wall Protection Act of 2019

on

Thursday, January 23, 2020, 11:30 a.m.
Room 120, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Council Chairman Phil Mendelson announces a public hearing before the Committee of the Whole on Bill 23-399, the “O Street Wall Protection Act of 2019.” The hearing will be held at **11:30 a.m. on Thursday, January 23, 2020** in **Room 120** of the John A. Wilson Building.

The stated purpose of **Bill 23-399** is to require the Mayor to prohibit activities that may compromise the retaining wall commonly known as the O Street Wall, or that contribute to soil erosion and sedimentation in Square S-5542. In addition, the bill requires the Mayor to acquire by purchase or condemnation the remaining unimproved lots adjacent to O Street, S.E. between Branch Avenue and Carpenter Street, S.E.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Evan Cash at (202) 724-7002, and to provide your name, address, telephone number, organizational affiliation and title (if any) by close of business **Tuesday, January 21, 2020**. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, however requests received in less than five business days may not be fulfilled and alternatives may be offered.

Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on January 21, 2020 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to four minutes; less time will be allowed if there are a large number of witnesses. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council’s office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed at <http://www.chairmanmendelson.com/circulation>, 24 hours in advance of the hearing.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on February 6, 2020.

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

“Fiscal Year 2019 Comprehensive Annual Financial Report”

on

**Wednesday, February 5, 2020
1:30 p.m., Council Chamber, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004**

Council Chairman Phil Mendelson announces the scheduling of a public hearing of the Committee of the Whole on the Fiscal Year 2019 Comprehensive Annual Financial Report (CAFR). The public hearing will be held **Wednesday, February 5, 2020, at 1:30 p.m.** in the Council Chamber of the John A. Wilson Building, 1350 Pennsylvania Avenue, NW.

The purpose of this public hearing is to receive testimony from government witnesses, namely the Executive, Chief Financial Officer, and Inspector General, regarding the results of the Fiscal Year 2019 CAFR. By law, the CAFR must be released by January 31, 2020. This document, and this hearing, are important to understanding the financial health of the District government. Copies of the CAFR may be obtained, after it is released, from the Office of the Chief Financial Officer or the OCFO website.

This hearing is part of a series of hearings to be held this winter and spring by the Council and its committees in connection with its oversight of Fiscal Years 2019 and 2020 agency performance. The full schedule of is available on the Council’s website (<http://www.dccouncil.us>) and is published separately in the D.C. Register. Materials pertaining to this hearing, including a draft witness list, can be accessed 24 hours in advance of the hearing at <http://www.chairmanmendelson.com/circulation>.

While this hearing is *limited to testimony from specified government witnesses*, written statements from the public will be accepted and made a part of the official record. Copies of written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on Wednesday, February 19, 2020.

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE CONTROL BOARD

NOTICE OF PROPOSED RULEMAKING
TECHNICAL AMENDMENT

10:30 A.M., WEDNESDAY, JANUARY 8, 2020
ALCOHOLIC BEVERAGE CONTROL BOARD HEARING ROOM
2000 14TH ST., N.W., SUITE 400 SOUTH, 4TH FLOOR
WASHINGTON, D.C. 20009

The Alcoholic Beverage Control Board (Board) will hold a hearing from 10:30 a.m.-noon on Wednesday, January 8, 2020, to receive public comment on its proposed rulemaking that would make changes to several chapters of Title 23 of the District of Columbia Municipal Regulations. The Technical Amendment Notice of Proposed Rulemaking was published in the *D.C. Register* on November 29, 2019, at 66 DCR 15729, and is available at www.dcregs.dc.gov.

WHEN: 10:30 a.m. on Wednesday, January 8, 2020

WHERE: Alcoholic Beverage Control Board Hearing Room, 2000 14th St., N.W., Suite 400 South, 4th Floor, Washington, D.C. 20009

Members of the public can provide comments on the proposed rulemaking either at the Board's hearing or by submitting written comments.

Individuals and representatives of organizations that want to testify in person at the hearing should contact Alcoholic Beverage Regulation Administration (ABRA) General Counsel Martha Jenkins by **5 p.m. on Friday, January 3, 2020**, by either:

- **Emailing:** Include full name, title, and organization, if applicable, of the person(s) testifying in the email); or
- Calling: (202) 442-4456.

Witnesses should bring six copies of the testimony to the hearing. Testimony may be limited to five minutes in order to permit each person an opportunity to be heard.

Members of the public that are unable to testify in person are encouraged to provide written comments, which will be made a part of the Board's official record. Copies of written statements should be submitted to ABRA General Counsel Martha Jenkins no later than **5 p.m. on Friday, January 17, 2020**, by:

- **Emailing:** Include full name, title, and organization, if applicable, of the person(s) testifying in the email); or
- Mailing: Alcoholic Beverage Regulation Administration, 2000 14th St., N.W., Suite 400 South, 4th Floor, Washington, D.C. 20009.

[-www.abra.dc.gov-](http://www.abra.dc.gov)

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
ON
12/27/2019

Notice is hereby given that:

License Number: ABRA-071165

License Class/Type: C Hotel

Applicant: Millbank Partners-Mass Ave., LP

Trade Name: Canopy- Embassy Row/ Truno

ANC: 2B05

Has applied for the renewal of an alcoholic beverage license at the premises:

1600 RHODE ISLAND AVE NW, Washington, DC 20036

PETITIONS/LETTERS OF OPPOSITION OR SUPPORT MUST BE FILED ON OR
2/10/2020

A HEARING WILL BE
2/24/2020

AT 10:00 a.m., 2000 14th STREET, NW, 4th FLOOR, WASHINGTON, DC

Days	Hours of Operation	Hours of Sales/Service	Hours of Entertainment
Sunday:	7 am - 2 am	10 am - 2 am	-
Monday:	7 am - 2 am	8 am - 2 am	-
Tuesday:	7 am - 2 am	8 am - 2 am	-
Wednesday:	7 am - 2 am	8 am - 2 am	-
Thursday:	7 am - 2 am	8 am - 2 am	-
Friday:	7 am - 3 am	8 am - 3 am	-
Saturday:	7 am - 3 am	8 am - 3 am	-

FOR FURTHER INFORMATION CALL: (202) 442-4423

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

NOTICE OF PUBLIC HEARING

Placard Posting Date: December 27, 2019
Protest Petition Deadline: February 10, 2020
Roll Call Hearing Date: February 24, 2020
Protest Hearing Date: April 8, 2020

License No.: ABRA-115504
Licensee: Gypsy Kitchen D.C., LLC
Trade Name: Gypsy Kitchen
License Class: Retailer's Class "C" Restaurant
Address: 1825 14th Street, N.W.
Contact: Stephen J. O'Brien, Esq: (202) 625-7700

WARD 1

ANC 1B

SMD 1B12

Notice is hereby given that this licensee has applied for a new license under the D.C. Alcoholic Beverage Control Act and that the objectors are entitled to be heard before the granting of such on the Roll Call Hearing date on February 24, 2020 at 10 a.m., 4th Floor, 2000 14th Street, N.W., Washington, DC 20009. Petitions and/or requests to appear before the ABC Board must be filed on or before the Petition Deadline. The Protest Hearing date is scheduled on April 8, 2020 at 1:30 p.m.

NATURE OF OPERATION

New Retailer's Class "C" Restaurant specializing in Mediterranean, Spanish, Moroccan, and Middle Eastern/Indian food. Applicant is applying for a Sidewalk Cafe Endorsement with 10 seats. Applicant is also applying for a Summer Garden Endorsement with 65 seats. Total seating inside is 225 with a Total Occupancy Load of 270.

HOURS OF OPERATION AND ALCOHOLIC BEVERAGE SALES, SERVICE, AND CONSUMPTION (INSIDE PREMISES AND SUMMER GARDEN)

Sunday through Saturday 8am - 2am

HOURS OF OPERATION AND ALCOHOLIC BEVERAGE SALES, SERVICE, AND CONSUMPTION (SIDEWALK CAFÉ)

Sunday through Saturday 8am - 12am

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
ON
12/27/2019

Notice is hereby given that:

License Number: ABRA-112246

License Class/Type: C Restaurant

Applicant: Sons of Anacreon, LLC

Trade Name: Reveler's Hour

ANC: 1C07

Has applied for the renewal of an alcoholic beverage license at the premises:

1777 Columbia RD NW, WASHINGTON, DC 20009

PETITIONS/LETTERS OF OPPOSITION OR SUPPORT MUST BE FILED ON OR
2/10/2020

A HEARING WILL BE
2/24/2020

AT 10:00 a.m., 2000 14th STREET, NW, 4th FLOOR, WASHINGTON, DC

Days	Hours of Operation	Hours of Sales/Service	Hours of Entertainment
Sunday:	10 am - 1 am	10 am - 1 am	-
Monday:	10 am - 1 am	10 am - 1 am	-
Tuesday:	10 am - 1 am	10 am - 1 am	-
Wednesday:	10 am - 1 am	10 am - 1 am	-
Thursday:	10 am - 1 am	10 am - 1 am	-
Friday:	10 am - 2 am	10 am - 2 am	-
Saturday:	10 am - 2 am	10 am - 2 am	-

FOR FURTHER INFORMATION CALL: (202) 442-4423

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**NOTICE OF PUBLIC HEARING**

Placard Posting Date: December 27, 2019
Protest Petition Deadline: February 10, 2020
Roll Call Hearing Date: February 24, 2020

License No.: ABRA-098037
Licensee: 520 Florida Avenue Restaurant, LLC
Trade Name: Shaws Tavern
License Class: Retailer's Class "C" Tavern
Address: 520 Florida Avenue, N.W.
Contact: Sidon Yohannes, Esq.: (202) 686-7600

WARD 6

ANC 6E

SMD 6E02

Notice is hereby given that this licensee has requested a Substantial Change to their license under the D.C. Alcoholic Beverage Control Act and that the objectors are entitled to be heard before the granting of such on the **Roll Call Hearing date on February 24, 2020 at 10 a.m., 4th Floor, 2000 14th Street, N.W., Washington, DC 20009**. Petitions and/or requests to appear before the ABC Board must be filed on or before the Petition Deadline.

NATURE OF OPERATION

Licensee is requesting to add Sports Wagering to their operations. Establishment will have no physical kiosks on site. Wagering/bets will take place using a mobile application available on the premises.

HOURS OF OPERATION

Sunday – Thursday 8am – 1am
Friday and Saturday 8am – 3am

HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE, AND CONSUMPTION

Sunday 8am – 12:30am
Monday – Thursday 11am – 12:30am
Friday 11am – 2:30am
Saturday 8am – 2:30am

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

NOTICE OF PUBLIC HEARING

Placard Posting Date: December 27, 2019
Protest Petition Deadline: February 10, 2020
Roll Call Hearing Date: February 24, 2020
Protest Hearing Date: April 8, 2020

License No.: ABRA-115985
Licensee: Capriccio, LTD
Trade Name: Tesoro Trattoria & Pizzeria
License Class: Retailer's Class "C" Restaurant
Address: 4400 Connecticut Avenue, N.W.
Contact: Angela De Rosa: (202) 363-6100

WARD 3

ANC 3F

SMD 3F06

Notice is hereby given that this licensee has applied for a new license under the D.C. Alcoholic Beverage Control Act and that the objectors are entitled to be heard before the granting of such on the Roll Call Hearing date on February 24, 2020 at 10 a.m., 4th Floor, 2000 14th Street, N.W., Washington, DC 20009. Petitions and/or requests to appear before the ABC Board must be filed on or before the Petition Deadline. The Protest Hearing date is scheduled on April 8, 2020 at 4:30 p.m.

NATURE OF OPERATION

A new Retailer's Class C Restaurant with a Total Occupancy Load of 77 and seating for 77.

HOURS OF OPERATION

Sunday through Saturday 7am - 2am

HOURS OF HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE, AND CONSUMPTION

Sunday through Saturday 8am - 2am

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

NOTICE OF PUBLIC HEARING

Placard Posting Date: December 27, 2019
Protest Petition Deadline: February 10, 2020
Roll Call Hearing Date: February 24, 2020

License No.: ABRA-000755
Licensee: CRV, Inc.
Trade Name: The Bottom Line
License Class: Retailer's Class "C" Tavern
Address: 1716 I Street, N.W. #A
Contact: Sidon Yohannes, Esq.: (202) 686-7600

WARD 2

ANC 2B

SMD 2B06

Notice is hereby given that this licensee has requested a Substantial Change to their license under the D.C. Alcoholic Beverage Control Act and that the objectors are entitled to be heard before the granting of such on the Roll Call Hearing date on February 24, 2020 at 10 a.m., 4th Floor, 2000 14th Street, N.W., Washington, DC 20009. Petitions and/or requests to appear before the ABC Board must be filed on or before the Petition Deadline.

NATURE OF OPERATION

Licensee is requesting to add Sports Wagering to their operations. Establishment will have no physical kiosks on site. Wagering/bets will take place using a mobile application available on the premises.

HOURS OF OPERATION INSIDE THE PREMISES

Sunday - Thursday 8am - 2am
Friday and Saturday 8am - 3:30am

HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE, AND CONSUMPTION INSIDE THE PREMISES

Sunday - Thursday 8am - 2am
Friday and Saturday 8am - 3am

**ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF PUBLIC HEARING**

TIME AND PLACE: **Thursday, February 13, 2020, @ 6:30 p.m.**
Jerrily R. Kress Memorial Hearing Room
441 4th Street, N.W., Suite 220-South
Washington, D.C. 20001

FOR THE PURPOSE OF CONSIDERING THE FOLLOWING:

CASE NO. 19-21 (Office of Planning – Text Amendment to Roof Top or Upper Floor Elements Regulations)

THIS CASE IS OF INTEREST TO ALL ANCS

On October 11, 2019, the Office of Planning (“OP”) filed a setdown report that served as a petition to the Zoning Commission (“Commission”) proposing text amendments to the following provisions of the Zoning Regulations (Title 11 of the District of Columbia Municipal Regulations, Zoning Regulations of 2016, to which all references are made unless otherwise specified):

Subtitle D: Residential House (R) Zones

- § 208 – to introduce a new solar energy system protection standard for semi-detached and row buildings in the R zones to mirror a standard currently applied in the RF zones (Subtitle E § 206), including special exception
- § 5206 – to introduce a new special exception standard for relief from § 208

Subtitle E: Residential Flats (RF) Zones

- § 206 – to clarify the solar energy system protection standard – in particular the applicability of the standard to new construction and to modify how interference is measured
- § 5203 – to remove duplicative standards and reorganize for clarity
- § 5206 – to introduce a new special exception provision for relief from § 206

Subtitle U: Use Permissions

- § 301 – to remove duplicative provisions (in favor of Subtitle E §§ 201.4, 205.4, 206, 303, 403, 503, 603, & 5203) and reorganize for clarity
- § 301.2(h) – relocated for clarity to § 301.3
- § 320.2 – to remove duplicative provisions (in favor of Subtitle E §§ 201.4, 205.4, 206, 303, 403, 503, 603, & 5203) and reorganize for clarity
- § 320.2(m) – relocated for clarity to § 301.4

The proposed amendments expand the application of certain regulations, clarify standards, and eliminate duplicative provisions that apply to the protection of rooftop solar energy systems in certain zones. The OP Setdown report requested flexibility to work with the Office of the Attorney General (“OAG”) on the final text.

The proposed text amendment would apply city-wide.

At its regular public meeting held on October 21, 2019, the Commission voted to grant OP's request to set down the proposed text amendment for a public hearing, with flexibility to work with OAG. On December 3, 2019, OP submitted a request to modify the proposed amendment to exclude properties subject to review by the Historic Preservation Review Board or the U.S. Commission on Fine Arts from regulation by the text amendment. At its regular public meeting held on December 9, 2019, the Commission accepted OP's proposed addition.

The complete record in the case, including the OP report and transcript of the public hearing, can be viewed online at the Office of Zoning website, through the Interactive Zoning Information System (IZIS), at <https://app.dcoz.dc.gov/Content/Search/Search.aspx>.

PROPOSED TEXT AMENDMENT

The proposed amendments to the text of the Zoning Regulations are as follows) text to be deleted is marked in ~~bold and strikethrough~~ text; new text is shown in **bold and underline** text).

I. Proposed Amendments to Subtitle D, RESIDENTIAL HOUSE (R) ZONES

A new § 208 is proposed to be added to Chapter 2, GENERAL DEVELOPMENT STANDARDS (R), of Subtitle D, RESIDENTIAL HOUSE (R) ZONES, to read as follows:

208 ROOF TOP OR UPPER FLOOR ELEMENTS

208.1 Any new semi-detached or row building, or an alteration or addition to an existing semi-detached or row building, including a roof structure or penthouse (proposed construction), at the time of application, shall not be designed or constructed such that it will significantly interfere with the operation of a solar energy system on an abutting property, subject to the following:

(a) "Time of application" shall mean the earlier of either:

(1) The Department of Consumer and Regulatory Affairs officially accepts as complete the application for the building permit for the proposed construction; or

(2) The Office of Zoning officially accepts as complete an application for zoning relief for the proposed construction;

(b) "Solar energy system" shall mean a solar energy system of at least 2kW in size that, at the time of application, is either:

(1) Legally permitted, installed, and operating; or

(2) Authorized by an issued permit; provided that the permitted solar energy system is operative within six (6) months after the issuance of the solar energy system permit not including grid

interconnection delays caused solely by a utility company connecting to the solar energy system;

(c) “Significantly interfere” shall mean shading of the solar energy system caused solely by the proposed construction that is more than five percent (5%) above the amount of shading for the year preceding the time of application, as determined by a weighted average calculation or other method acceptable to the Zoning Administrator; and

(d) All applications for the proposed construction, whether for a building permit or for zoning relief, must include either:

(1) An affidavit by the applicant stating that there is no solar energy system on an abutting property;

(2) A comparative solar shading study that shows at least shadow depictions for three (3) times a day (9:00 a.m., 12:00 p.m., and 3:00 p.m.) on the solstices and equinoxes for both the year preceding the time of application and the same year showing the impact of the proposed construction, or that meets an alternative minimum standard established by the Zoning Administrator; or

(3) A written agreement executed by the owner of the impacted solar energy system accepting the interference with the solar energy system.

208.2 Relief from the requirements of Subtitle D § 208.1 may be approved by the Board of Zoning Adjustment as a special exception under Subtitle X, Chapter 9, and subject to the conditions of Subtitle D § 5206.

A new § 5206 is proposed to be added to Chapter 52, RELIEF FROM REQUIRED DEVELOPMENT STANDARDS, of Subtitle D, RESIDENTIAL HOUSE (R) ZONES, to read as follows:

5206 SPECIAL EXCEPTION FROM ROOFTOP OR UPPER FLOOR ELEMENTS

5206.1 The Board of Zoning Adjustment may grant relief from the requirements of Subtitle D § 208 as a special exception under Subtitle X, Chapter 9, and subject to the following conditions:

(a) The proposed construction shall not have a substantially adverse effect on the use or enjoyment of any abutting or adjacent dwelling or property, in particular:

- (1) The light and air available to neighboring properties shall not be unduly affected;
 - (2) The privacy of use and enjoyment of neighboring properties shall not be unduly compromised; and
 - (3) The proposed construction, as viewed from the street, alley, and other public way, shall not substantially visually intrude upon the character, scale and pattern of houses along the subject street or alley;
- (b) In demonstrating compliance with paragraph (b), the applicant shall use graphical representations such as plans, photographs, or elevation and section drawings sufficient to represent the relationship of the propose construction to adjacent buildings and views from public ways; and
- (c) The Board of Zoning Adjustment may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block.

II. Proposed Amendments to Subtitle E, RESIDENTIAL FLATS (RF) ZONES

The title of § 206, ROOF TOP OR UPPER FLOOR ADDITIONS, of Chapter 2, GENERAL DEVELOPMENT STANDARDS (RF), of Subtitle E, RESIDENTIAL FLATS (RF) ZONES, is proposed to be amended as follows:

206 ROOF TOP OR UPPER FLOOR ADDITIONS ELEMENTS

Section 206, ROOF TOP OR UPPER FLOOR ELEMENTS, of Chapter 2, GENERAL DEVELOPMENT STANDARDS (RF), of Subtitle E, RESIDENTIAL FLATS (RF) ZONES, is proposed to be amended as follows:

206.1 ~~In an RF zone district, the following provisions shall apply:~~

- ~~(a) A Except for properties subject to review by the Historic Preservation Review Board or their designee, or the U.S. Commission of Fine Arts, a roof top architectural element original to the a principal building such as cornices, porch roofs, a turret, tower, or dormers, shall not be removed or significantly altered, including shifting its location, changing its shape or increasing its height, elevation, or size; provided that:~~
- (a) For interior lots, not including through lots, the roof top architectural elements shall not include identified roof top architectural elements facing the structure's rear lot line.;

(b) For all other lots, the roof top architectural elements shall include identified rooftop architectural elements on all sides of the structure; and

~~(b) Any addition, including a roof structure or penthouse, shall not block or impede the functioning of a chimney or other external vent compliant with any District of Columbia municipal code on an adjacent property. A chimney or other external vent must be existing and operative at the date of the building permit application for the addition; and~~

(c) For the purposes of Subtitle E § 206.1, ordinary repairs to a roof top architectural element shall be permitted. Ordinary repairs may include the replacement of an original rooftop architectural element that the Zoning Administrator has determined, based on photographs provided by the owner and other evidence acceptable to the Zoning Administrator, is substantially eroded or damaged, due to no overt actions of the owner or affiliates, and the replacement will be visually indistinguishable from the original in style, dimensions, profile, and appearance when viewed from a public right of way.

206.2 ~~(e) Any new building, or alteration or addition to an existing building, including a roof structure or penthouse (proposed construction) at the time of application, shall not significantly interfere with the operation of an existing a solar energy system of at least 2kW on an adjacent abutting property unless agreed to by the owner of the adjacent solar energy system. For the purposes of this paragraph, the following quoted phrases shall have the associated meanings, subject to the following:~~

(a) “Time of application” shall mean the earlier of either:

(1) The Department of Consumer and Regulatory Affairs officially accepts as complete the application for the building permit for the proposed construction; or

(2) The Office of Zoning officially accepts as complete an application for zoning relief for the proposed construction;

(b) “Solar energy system” shall mean a solar energy system of at least 2kW in size that, at the time of application, is either:

(1) Legally permitted, installed, and operating; or

(2) Authorized by an issued permit; provided that the permitted solar energy system is operative within six (6) months after the issuance of the solar energy system permit not including grid

interconnection delays caused solely by a utility company connecting to the solar energy system;

~~(c) (1)~~ “(1) ‘‘Significantly interfere’’ shall mean an impact shading caused solely by the addition proposed construction that decreases the energy produced by the adjacent solar energy system by is more than five percent (5%) on an annual basis above the amount of shading for the year preceding the time of application, as demonstrated determined by a comparative solar shading study acceptable to weighted average calculation or other method acceptable to the Zoning Administrator; and

~~(2) ‘‘Existing solar energy system’’ shall mean a solar energy system that is, at the time the application for the building permit for the adjacent addition is officially accepted as complete by the Department of Consumer and Regulatory Affairs or an application for zoning relief or approval for the adjacent addition is officially accepted as complete by the Office of Zoning, either:~~

~~(A) Legally permitted, installed, and operating; or~~

~~(B) Authorized by an issued permit; provided that the permitted solar energy system is operative within six (6) months after the issuance of the solar energy system permit not including grid interconnection delays caused solely by a utility company connecting to the solar energy system.~~

(d) All applications for the proposed construction, whether for a building permit or for zoning relief, must include either:

(1) An affidavit by the applicant stating that there is no solar energy system on an abutting property;

(2) A comparative solar shading study that shows at least shadow depictions for three (3) times a day (9:00 a.m., 12:00 p.m., and 3:00 p.m.) on the solstices and equinoxes for both the year preceding the time of application and the same year showing the impact of the proposed construction, or that meets an alternative minimum standard established by the Zoning Administrator; or

(3) A written agreement executed by the owner of the impacted solar energy system accepting the interference with the solar energy system.

~~206.2 206.3~~ In an RF zone district, relief Relief from the design requirements of Subtitle E §§ 206.1 and 206.2 may be approved by the Board of Zoning Adjustment as a special

exception under Subtitle X, Chapter 9, and subject to the conditions of Subtitle E § ~~5203.3~~ 5206.

Section 5203, BUILDING HEIGHT, of Chapter 52, RELIEF FROM DEVELOPMENT STANDARDS, of Subtitle E, RESIDENTIAL FLATS (RF) ZONES, is proposed to be amended as follows:

- 5203.1 The Board of Zoning Adjustment may grant as a special exception under Subtitle X, Chapter 9, and subject to the conditions of this subsection, a maximum building height of up to 40 feet (40 ft.) for a principal residential building and any additions thereto ~~of forty feet (40 ft.)~~ located on a non-alley lot subject to the following conditions:
- ~~(a) Any addition, including a roof structure or penthouse, shall not block or impede the functioning of a chimney or other external vent on an adjacent property required by any municipal code;~~
 - ~~(b) Any addition, including a roof structure or penthouse, shall not interfere with the operation of an existing or permitted solar energy system on an adjacent property, as evidenced through a shadow, shade, or other reputable study acceptable to the Zoning Administrator;~~
 - ~~(c) A roof top architectural element original to the house such as a turret, tower, or dormers shall not be removed or significantly altered, including changing its shape or increasing its height, elevation, or size;~~
 - ~~(e) (a) Any addition~~ The proposed construction shall not have a substantially adverse effect on the use or enjoyment of any abutting or adjacent dwelling or property, in particular:
 - (1) The light and air available to neighboring properties shall not be unduly affected;
 - (2) The privacy of use and enjoyment of neighboring properties shall not be unduly compromised; and
 - (3) The ~~conversion and any associated additions~~ proposed construction, as viewed from the street, alley, and other public way, shall not substantially visually intrude upon the character, scale and pattern of houses along the subject street or alley; ~~and~~
 - ~~(b)~~ In demonstrating compliance with paragraph (b), the applicant shall use graphical representations such as plans, photographs, or elevation and section drawings sufficient to represent the relationship of the proposed

construction’s height to adjacent buildings and views from public ways; and

(c) The Board of Zoning Adjustment may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block.

~~5203.2 The Board of Zoning Adjustment may modify or waive not more than two (2) of the requirements specified in Subtitle E §§ 5203.1(a) through (f) provided, that any modification or waiver granted pursuant to this section shall not be in conflict with Subtitle E § 5203.1(e).~~

~~5203.3 A special exception to the requirements of Subtitle E § 206 shall be subject to the conditions of Subtitle E § 5203.1(b), (c), and (d). If relief is granted from compliance with Subtitle E § 206.1(b) or (c), the special exception shall not be conditioned upon compliance with that same requirement as stated in Subtitle E § 5203.1(b)(3) and (4).~~

~~5203.4 The Board of Zoning Adjustment may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block.~~

A new § 5206 is proposed to be added to Chapter 52, RELIEF FROM DEVELOPMENT STANDARDS, of Subtitle E, RESIDENTIAL FLATS (RF) ZONES, to read as follows:

5206 SPECIAL EXCEPTION FROM ROOTOP OR UPPER FLOOR ELEMENTS

5206.1 The Board of Zoning Adjustment may grant special exception relief from the design requirements of Subtitle E § 206 pursuant to Subtitle X, Chapter 9, and subject to the following conditions:

(a) The proposed construction shall not have a substantially adverse effect on the use or enjoyment of any abutting or adjacent dwelling or property, in particular:

(1) The light and air available to neighboring properties shall not be unduly affected;

(2) The privacy of use and enjoyment of neighboring properties shall not be unduly compromised; and

(3) The proposed construction, as viewed from the street, alley, and other public way, shall not substantially visually intrude upon the

character, scale and pattern of houses along the subject street or alley;

- (b) In demonstrating compliance with paragraph (b), the applicant shall use graphical representations such as plans, photographs, or elevation and section drawings sufficient to represent the relationship of the proposed construction to adjacent buildings and views from public ways; and
- (c) The Board of Zoning Adjustment may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block.

III. Proposed Amendments to Subtitle U, USE PERMISSIONS

Section 301, MATTER-OF-RIGHT USES (RF), of Chapter 3, USE PERMISSIONS RESIDENTIAL FLATS (RF) ZONES, of Subtitle U, USE PERMISSIONS, is proposed to be amended by revising § 301.2 and adding new §§ 301.3 and 301.4, to read as follows:

- 301.1 The following uses shall be permitted as a matter of right ...
- 301.2 Conversion of an existing non-residential building or structure to an apartment house shall be permitted as a matter of right in an RF-1, RF-2, or RF-3 zone subject to the following conditions:
- (a) The building or structure to be converted is in existence on the property at the time of filing an application for a building permit; and
- (b) The conversion must meet all applicable development standards, including Subtitle E §§ 201.4, 205.4, and 206.
- ~~(b) The maximum height of any addition to the existing structure shall not exceed thirty-five feet (35 ft.);~~
- ~~(c) There shall be a minimum of nine hundred square feet (900 sq. ft.) of land area per dwelling unit;~~
- ~~(d) An addition shall not extend farther than ten feet (10 ft.) past the farthest rear wall of any adjoining principal residential building on any adjacent property;~~
- ~~(e) A roof top architectural element original to the structure such as cornices, porch roofs, a turret, tower, or dormers shall not be removed or significantly altered, including shifting its location, changing its shape or increasing its height, elevation, or size. For interior lots, not including~~

~~through lots, the roof top architectural elements shall not include identified roof top architectural elements facing the structure's rear lot line. For all other lots, the roof top architectural elements shall include identified rooftop architectural elements on all sides of the structure;~~

~~(f) Any addition, including a roof structure or penthouse, shall not block or impede the functioning of a chimney or other external vent compliant with any District of Columbia municipal code on an adjacent property. A chimney or other external vent must be existing and operative at the date of the building permit application for the addition;~~

~~(g) Any addition, including a roof structure or penthouse, shall not significantly interfere with the operation of an existing solar energy system of at least 2kW on an adjacent property unless agreed to by the owner of the adjacent solar energy system. For the purposes of this paragraph the following quoted phrases shall have the associated meaning:~~

~~(1) "Significantly interfere" shall mean an impact caused solely by the addition that decreases the energy produced by the adjacent solar energy system by more than five percent (5%) on an annual basis, as demonstrated by a comparative solar shading study acceptable to the Zoning Administrator; and~~

~~(2) "Existing solar energy system" shall mean a solar energy system that is, at the time the application for the building permit for the adjacent addition is officially accepted as complete by the Department of Consumer and Regulatory Affairs or an application for zoning relief or approval for the adjacent addition is officially accepted as complete by the Office of Zoning, either:~~

~~(A) Legally permitted, installed, and operating; or~~

~~(B) Authorized by an issued permit; provided that the permitted solar energy system is operative within six (6) months after the issuance of the solar energy system permit not including grid interconnection delays caused solely by a utility company connecting to the solar energy system; and~~

~~(h) An apartment house in an RF 1, RF 2, or RF 3 zone converted from a non-residential building prior to June 26, 2015, shall be considered a conforming use and structure, but shall not be permitted to expand, either structurally or through increasing the number of units, unless approved by the Board of Zoning Adjustment pursuant to Subtitle X, Chapter 9, and Subtitle U § 320.3.~~

301.3 **An apartment house in an RF-1, RF-2, or RF-3 zone converted from a non-residential building prior to June 26, 2015, shall be considered a conforming use and structure, but shall not be permitted to expand, either structurally or through increasing the number of units, except as provided by Subtitle U § 320.3.**

301.4 **An apartment house in an RF-1, RF-2, or RF-3 zone that was either converted from a residential building prior to June 26, 2015, or converted pursuant to Subtitle A §§ 301.9, 301.10, or 301.11, shall be considered a conforming use and structure, but shall not be permitted to expand either structurally or through increasing the number of units, except as provided by Subtitle U § 320.2.**

Section 320 SPECIAL EXCEPTION USES (RF), of Chapter 3, USE PERMISSIONS RESIDENTIAL FLATS (RF) ZONES, of Subtitle U, USE PERMISSIONS, is proposed to be amended by revising §§ 320.2 and 320.3, to read as follows:

320.1 The uses in this section shall be permitted as a special exception ...

320.2 Conversion of an existing residential building existing on the lot prior to May 12, 1958, to an apartment house, **or the structural expansion or increase in number of units of an existing apartment house deemed a conforming use under Subtitle U § 301.4,** shall be permitted as a special exception in an RF-1, RF-2, or RF-3 zone if approved by the Board of Zoning Adjustment under Subtitle X, Chapter 9, **and** subject to the following conditions:

~~(a) The maximum height of the residential building and any additions thereto shall not exceed thirty-five feet (35 ft.), except that the Board of Zoning Adjustment may grant a special exception from this limit to a maximum height of forty feet (40 ft.) provided the additional five feet (5 ft.) is consistent with Subtitle U §§ 320.2(f) through 320.2(i);~~

(a) The building to be converted or expanded is in existence on the property at the time of filing an application for a building permit;

(b) The fourth (4th) dwelling unit and every additional even number dwelling unit thereafter shall be subject to the requirements of Subtitle C, Chapter 10, Inclusionary Zoning, including the set aside requirement set forth at Subtitle C § 1003.6; **and**

(c) The conversion or expansion must meet all applicable development standards, including Subtitle E §§ 201.4, 205.4, and 206.

~~(e) There must be an existing residential building on the property at the time of filing an application for a building permit;~~

- ~~(d) — There shall be a minimum of nine hundred square feet (900 sq. ft.) of land area per dwelling unit;~~
- ~~(e) — An addition shall not extend farther than ten feet (10 ft.) past the farthest rear wall of any adjoining principal residential building on any adjacent property;~~
- ~~(f) — Any addition, including a roof structure or penthouse, shall not block or impede the functioning of a chimney or other external vent compliant with any District of Columbia municipal code on an adjacent property. A chimney or other external vent must be existing and operative at the date of the building permit application for the addition;~~
- ~~(g) — Any addition, including a roof structure or penthouse, shall not significantly interfere with the operation of an existing solar energy system of at least 2kW on an adjacent property unless agreed to by the owner of the adjacent solar energy system. For the purposes of this paragraph the following quoted phrases shall have the associated meaning:~~
- ~~(1) — “Significantly interfere” shall mean an impact caused solely by the addition that decreases the energy produced by the adjacent solar energy system by more than five percent (5%) on an annual basis, as demonstrated by a comparative solar shading study acceptable to the Zoning Administrator; and~~
- ~~(2) — “Existing solar energy system” shall mean a solar energy system that is, at the time the application for the building permit for the adjacent addition is officially accepted as complete by the Department of Consumer and Regulatory Affairs or an application for zoning relief or approval for the adjacent addition is officially accepted as complete by the Office of Zoning, either:~~
- ~~(A) — Legally permitted, installed, and operating; or~~
- ~~(B) — Authorized by an issued permit; provided that the permitted solar energy system is operative within six (6) months after the issuance of the solar energy system permit not including grid interconnection delays caused solely by a utility company connecting to the solar energy system;~~
- ~~(h) — A roof top architectural element original to the house such as cornices, porch roofs, a turret, tower, or dormers shall not be removed or significantly altered, including shifting its location, changing its shape or~~

~~increasing its height, elevation, or size. For interior lots, not including through lots, the roof top architectural elements shall not include identified roof top architectural elements facing the structure's rear lot line. For all other lots, the roof top architectural elements shall include identified rooftop architectural elements on all sides of the structure;~~

- ~~(i) Any addition shall not have a substantially adverse effect on the use or enjoyment of any abutting or adjacent dwelling or property, in particular:~~
- ~~(1) The light and air available to neighboring properties shall not be unduly affected;~~
- ~~(2) The privacy of use and enjoyment of neighboring properties shall not be unduly compromised; and~~
- ~~(3) The conversion and any associated additions, as viewed from the street, alley, and other public way, shall not substantially visually intrude upon the character, scale, and pattern of houses along the subject street or alley;~~
- ~~(j) In demonstrating compliance with Subtitle U § 320.2(i) the applicant shall use graphical representations such as plans, photographs, or elevation and section drawings sufficient to represent the relationship of the conversion and any associated addition to adjacent buildings and views from public ways;~~
- ~~(k) The Board of Zoning Adjustment may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block;~~
- ~~(l) The Board of Zoning Adjustment may modify or waive not more than three (3) of the requirements specified in Subtitle U §§ 320.2(e) through § 320.2(h) provided, that any modification or waiver granted pursuant to this section shall not be in conflict with Subtitle U § 320.2(i); and~~
- ~~(m) An apartment house in an RF-1, RF-2, or RF-3 zone, converted from a residential building prior to June 26, 2015, or converted pursuant to Subtitle A §§ 301.9, 301.10, or 301.11 shall be considered a conforming use and structure, but shall not be permitted to expand either structurally or through increasing the number of units, unless approved by the Board of Zoning Adjustment pursuant to Subtitle X, Chapter 9, and this section.~~

320.3 ~~Conversion of a non-residential building or other structure to an apartment house and not meeting one (1) or more of the requirements of Subtitle U § 301.2, shall be permitted as a special exception in an RF 1, RF 2, or RF 3 zone if approved by the Board of Zoning Adjustment under Subtitle X, Chapter 9 subject to the following provisions:~~

- ~~(a) No special exception relief shall be available from the requirements of Subtitle U § 301.2(a);~~
- ~~(b) Any addition shall not have a substantially adverse effect on the use or enjoyment of any abutting or adjacent dwelling or property, in particular:~~
- ~~(1) The light and air available to neighboring properties shall not be unduly affected;~~
- ~~(2) The privacy of use and enjoyment of neighboring properties shall not be unduly compromised; and~~
- ~~(3) The conversion and any associated additions, as viewed from the street, alley, and other public way, shall not substantially visually intrude upon the character, scale, and pattern of houses along the subject street or alley;~~
- ~~(c) In demonstrating compliance with Subtitle U § 320.3(b), the applicant shall use graphical representations such as plans, photographs, or elevation and section drawings sufficient to represent the relationship of the conversion and any associated addition to adjacent buildings and views from public ways; and~~
- ~~(d) The Board may require special treatment in the way of design, screening, exterior or interior lighting, building materials, or other features for the protection of adjacent or nearby properties, or to maintain the general character of a block.~~

The structural expansion or increase in number of units of an existing apartment house deemed a conforming use under Subtitle U § 301.3 shall be permitted as a special exception if approved by the Board of Zoning Adjustment under Subtitle X, Chapter 9, provided that the expansion meets all applicable development standards, including Subtitle E §§ 201.4, 205.4, and 206.

Proposed amendments to the Zoning Regulations of the District of Columbia are authorized pursuant to the Zoning Act of June 20, 1938, (52 Stat. 797), as amended, D.C. Official Code § 6-641.01, *et seq.*

This public hearing will be conducted in accordance with the rulemaking case provisions of Subtitle Z, Chapter 5.

How to participate as a witness – oral presentation

Interested persons or representatives of organizations may be heard at the public hearing. All individuals, organizations, or associations wishing to testify in this case are encouraged to inform OZ of their intent to testify prior to the hearing date. This can be done by mail sent to the address stated below, e-mail (donna.hanousek@dc.gov), or by calling (202) 727-0789.

The Commission also requests that all witnesses prepare their testimony in writing, submit the written testimony prior to giving statements, and limit oral presentations to summaries of the most important points. The following maximum time limits for oral testimony shall be adhered to and no time may be ceded:

- | | | |
|----|---------------|----------------|
| 1. | Organizations | 5 minutes each |
| 2. | Individuals | 3 minutes each |

Pursuant to Subtitle Z § 408.4, the Commission may increase or decrease the time allowed above, in which case, the presiding officer shall ensure reasonable balance in the allocation of time between proponents and opponents.

How to participate as a witness – written statements

Written statements, in lieu of personal appearances or oral presentation, may be submitted for inclusion in the record. The public is encouraged to submit written testimony through the Interactive Zoning Information System (IZIS) at <https://app.dcoz.dc.gov/Login.aspx>; however, written statements may also be submitted by mail to 441 4th Street, N.W., Suite 200-S, Washington, DC 20001; by e-mail to zcsubmissions@dc.gov; or by fax to (202) 727-6072. Please include the case number on your submission.

“Great weight” to written report of ANC

Subtitle Z § 406.2 provides that the written report of an affected ANC shall be given great weight if received at any time prior to the date of a Commission meeting to consider final action, including any continuation thereof on the application, and sets forth the information that the report must contain. Pursuant to Subtitle Z § 406.3, an ANC that wishes to participate in the hearing must file a written report at least seven days in advance of the public hearing and provide the name of the person who is authorized by the ANC to represent it at the hearing.

FOR FURTHER INFORMATION, YOU MAY CONTACT THE OFFICE OF ZONING AT (202) 727-6311.

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Quí vị có cần trợ giúp gì để tham gia không? Nếu quý vị cần thu xếp đặc biệt hoặc trợ giúp về ngôn ngữ (biên dịch hoặc thông dịch) xin vui lòng liên hệ với Zee Hill tại (202) 727-0312 hoặc Zelalem.Hill@dc.gov trước năm ngày. Các dịch vụ này hoàn toàn miễn phí.

ለሚሳተፍ ዕርዳታ ያስፈልግዎታል? የተለየ እርዳታ ካስፈለገዎት ወይም የቋንቋ እርዳታ አገልግሎቶች (ትርጉም ወይም ማስተርጎም) ካስፈለገዎት እባክዎን ከስብሰባው አምስት ቀናት በፊት ዚ ሂልን በስልክ ቁጥር (202) 727-0312 ወይም በኢሜል Zelalem.Hill@dc.gov ይገናኙ። እንኝህ አገልግሎቶች የሚሰጡት በነጻ ነው።

**ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF PUBLIC HEARING**

TIME AND PLACE: **Thursday, February 20, 2020, @ 6:30 p.m.**
Jerrily R. Kress Memorial Hearing Room
441 4th Street, NW, Suite 220-South
Washington, D.C. 20001

FOR THE PURPOSE OF CONSIDERING THE FOLLOWING:

Z.C. Case No. 19-25 - Airdome, LLC – Map Amendment @ Square 982 (Lots 57, 65, 68, 70 & 823 [1101-1125 H Street, N.E.]

THIS CASE IS OF INTEREST TO ANC 6A

On October 30, 2019, Airdome, LLC (the “Applicant”) filed an application (the “Application”) requesting that the Zoning Commission (the “Commission”) approve a Zoning Map amendment from the NC-16 and MU-4 zones to the NC-17 zone for Lots 57, 65, 68, 70, and 823 in Square 982 with an address of 1101-1125 H Street, N.E. (collectively, the “Properties”). The Properties occupy the entire block between 11th and 12th Streets, N.E. on the southern side of H Street, N.E., and include 32,667 square feet in total. Lots 57, 65, 68, and 823 are completely located in the NC-16 zone, as is the majority of Lot 70 except for the rear portion that is located in the MU-4 zone.

The NC-16 zone, which currently includes the majority of the Properties (all of Lots 57, 65, 68, and 823 and the majority of Lot 70) is intended to permit mixed-use development at a moderate-density with an emphasis on the provision of retail uses; it allows for development with a maximum Floor Area Ratio (“FAR”) of 2.5 (3.0 for developments subject to Inclusionary Zoning (“IZ”)) of which no more than 1.5 FAR may be non-residential, a maximum height of 50 feet, and a maximum lot occupancy of 70% for residential uses (75% for IZ developments) and no limit on non-residential lot occupancy.

The MU-4 zone, which currently covers the rear portion of Lot 70, is intended to permit moderate-density mixed-use development including office employment, shopping, and moderate bulk mixed-use centers located in low- and moderate-density residential areas with access to main roadways or rapid transit stop. The MU-4 zone allows for development with a FAR of 2.5 (3.0 for IZ developments), of which no more than 1.5 FAR may be non-residential, a maximum height of 60 feet (70 ft. for IZ developments), and a maximum lot occupancy of 60% (74% for IZ developments).

The proposed NC-17 zone, which shares the H Street Northeast Neighborhood Mixed-Use Retail sub-district with the NC-16 zone, is intended to permit mixed-use development at a moderate- to medium-density with an emphasis on the provision of retail uses. The NC-17 zone allows for development with a maximum FAR of 3.5 (4.2 for IZ developments) of which no more than 1.5 FAR may be non-residential, a maximum height of 60 feet (70 ft. for IZ developments), and a

maximum lot occupancy of 70% for residential uses (80% for IZ developments) and no limit on non-residential lot occupancy.

On November 25, 2019, the Office of Planning filed a report (the “OP Setdown Report”) recommending that the Commission setdown the Application for a public hearing. The OP Setdown Report concluded that the Application’s proposed map amendment would not be inconsistent with the Comprehensive Plan, which designates the Properties as mixed-use medium-density residential and medium-density commercial on the Future Land Use Map (“FLUM”), and as within a Main Street Mixed-Use Corridor on the General Policy Map. The OP Setdown Report also concluded that the Application’s proposed map amendment would also not be inconsistent with the H Street N.E. Strategic Development Plan.

At its December 9, 2019, public meeting, the Commission voted to setdown the Application for a public hearing as a contested case.

The Applicant filed its Prehearing Submission with the Commission on December 13, 2019.

The complete record in the case, including the Applicant’s filings and the OP Setdown Report, can be viewed online at the Office of Zoning website, through the Interactive Zoning Information System (IZIS), at <https://app.dcoz.dc.gov/Content/Search/Search.aspx>.

This public hearing will be conducted in accordance with the contested case provisions Subtitle Z, Chapter 4.

How to participate as a witness – oral presentation

Interested persons or representatives of organizations may be heard at the public hearing. All individuals, organizations, or associations wishing to testify in this case are encouraged to inform OZ of their intent to testify prior to the hearing date. This can be done by mail sent to the address stated below, e-mail (donna.hanousek@dc.gov), or by calling (202) 727-0789.

The Commission also requests that all witnesses prepare their testimony in writing, submit the written testimony prior to giving statements, and limit oral presentations to summaries of the most important points. The following maximum time limits for oral testimony shall be adhered to and no time may be ceded:

- | | | |
|----|----------------------------------|-------------------------|
| 1. | Applicant and parties in support | 60 minutes collectively |
| 2. | Parties in opposition | 60 minutes collectively |
| 3. | Organizations | 5 minutes each |
| 4. | Individuals | 3 minutes each |

Pursuant to Subtitle Z § 408.4, the Commission may increase or decrease the time allowed above, in which case, the presiding officer shall ensure reasonable balance in the allocation of time between proponents and opponents.

How to participate as a witness – written statements

Written statements, in lieu of personal appearances or oral presentation, may be submitted for inclusion in the record. The public is encouraged to submit written testimony through the Interactive Zoning Information System (IZIS) at <https://app.dcoz.dc.gov/Login.aspx>; however, written statements may also be submitted by mail to 441 4th Street, N.W., Suite 200-S, Washington, DC 20001; by e-mail to zcsubmissions@dc.gov; or by fax to (202) 727-6072. Please include the case number on your submission.

How to participate as a party.

Any person who desires to participate as a party in this case must so request and must comply with the provisions of Subtitle Z § 404.1.

A party has the right to cross-examine witnesses, to submit proposed findings of fact and conclusions of law, to receive a copy of the written decision of the Commission, and to exercise the other rights of parties as specified in the Zoning Regulations. If you are still unsure of what it means to participate as a party and would like more information on this, please contact OZ at dcoz@dc.gov or at (202) 727-6311.

Except for an affected ANC, any person who desires to participate as a party in this case must clearly demonstrate that the person's interests would likely be more significantly, distinctly, or uniquely affected by the proposed zoning action than other persons in the general public. Persons seeking party status **shall file with the Commission, not less than 14 days prior to the date set for the hearing, or 14 days prior to a scheduled public meeting if seeking advanced party status consideration, a Form 140 – Party Status Application, a copy of which may be downloaded from OZ's website at: <https://app.dcoz.dc.gov/Help/Forms.html>.** This form may also be obtained from OZ at the address stated below.

“Great weight” to written report of ANC

Subtitle Z § 406.2 provides that the written report of an affected ANC shall be given great weight if received at any time prior to the date of a Commission meeting to consider final action, including any continuation thereof on the application, and sets forth the information that the report must contain. Pursuant to Subtitle Z § 406.3, an ANC that wishes to participate in the hearing must file a written report at least seven days in advance of the public hearing and provide the name of the person who is authorized by the ANC to represent it at the hearing.

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DEPARTMENT OF HEALTH**NOTICE OF FINAL RULEMAKING**

The Director of the Department of Health (“Department”), pursuant to § 302(14) of the District of Columbia Health Occupations Revision Act of 1985 (“Health Occupations Revision Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14) (2016 Repl.)), the LGBTQ Cultural Competency Continuing Education Amendment Act of 2016, effective April 6, 2016 (D.C. Law 21-95; 63 DCR 2203 (February 26, 2016)), and Mayor’s Order 98-140, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapter 48 (Chiropractic) of Title 17 (Business, Occupations, and Professionals) of the District of Columbia Municipal Regulations (DCMR).

The purpose of the rulemaking is to set forth rule amendments regarding existing acupuncture regulations for chiropractors, to ensure consistency in training requirements for all acupuncture practitioners, and to amend the continuing education requirements for chiropractors, to include continuing education in public health priorities as determined and amended from time to time by the Director. Consistent with the aim of the Health Occupations Revision Act, this rulemaking will enhance professionalism within the community and operate in support of the health and welfare of the public.

These amendments were published as Notice of Proposed Rulemaking in the *D.C. Register* on August 23, 2019, at 66 DCR 011489. No comments were submitted in response to this Notice of Proposed Rulemaking during the thirty (30)-day comment period and no changes have been made to the rulemaking. The Director adopted these rules as final on October 22, 2019 and they will become effective upon publication of this notice in the *D.C. Register*.

Chapter 48, CHIROPRACTIC, of Title 17 DCMR, BUSINESS, OCCUPATIONS AND PROFESSIONALS, is amended as follows:**Section 4803, LICENSURE REQUIREMENTS AND QUALIFICATIONS FOR PHYSIOTHERAPY ANCILLARY PROCEDURES CERTIFICATION, is amended as follows:****Subsection 4803.3 is amended to read as follows:**

4803.3 In addition to the requirements provided in § 4802 for licensure, a chiropractor seeking to satisfy the requirements to qualify for physiotherapy ancillary procedures certification shall achieve a passing score on the national examination for the physiotherapy test areas equal to or greater than the score recommended by the National Board of Chiropractic Examiners (NBCE).

A new Subsection 4803.4 is added to read as follows:

4803.4 In addition to the requirements provided in § 4802 for licensure, a chiropractor seeking to satisfy the requirements to qualify for acupuncture ancillary procedures certification shall:

- (a) Provide documentation of successful completion of three hundred (300) hours of training in the practice of acupuncture, of which at least one hundred (100) must be clinical; and
- (b) Achieve a passing score on the national examination for the acupuncture test areas equal to or greater than the score recommended by the National Board of Chiropractic Examiners (NBCE).

Section 4806, CONTINUING EDUCATION REQUIREMENTS, is amended as follows:

Subsection 4806.4 is amended to read as follows:

4806.4 An applicant for renewal of a license expiring on December 31, 2020 and all subsequent licensure terms shall submit proof upon request of the Board pursuant to § 4806.7 of having completed thirty (30) hours of approved continuing education credit during the two (2) year period preceding the date the license expires that includes two (2) hours in cultural competence and appropriate clinical treatment specifically for individuals who are lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression. Additionally, at least ten percent (10%) of the total required CME shall be in the subjects determined by the Director as public health priorities of the District every five (5) years or less frequently as deemed appropriate by the Director with notice of the subject matter published in the *D.C. Register*. The Board shall disseminate the identified subjects to its licensees when determined by the Director via electronic communication and through publication on its website.

D.C. DEPARTMENT OF HUMAN RESOURCES**NOTICE OF PROPOSED RULEMAKING**

The Director of the D.C. Department of Human Resources, with the concurrence of the City Administrator, pursuant to the authority established in Mayor's Orders 2008-92, dated June 26, 2008, and 2019-033, dated May 7, 2019; Chapter 36 of Title 47 of the District of Columbia Official Code; the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code §§ 1-601.01 *et seq.* (2016 Repl. & 2019 Supp.)); and D.C. Council Proposed Resolution No. PR23-0343 (deemed approved on October 10, 2019); hereby gives notice of the intent to amend Chapter 26 (Defined Contribution Pension Plan) of Title 6 (Personnel), Subtitle B (Government Personnel), of the District of Columbia Municipal Regulations (DCMR).

This rulemaking amends Sections 2601 through 2607 of, and adds new Sections 2608 and 2609 to, Title 6-B DCMR Chapter 26 to align the language of the existing regulations governing the defined contribution program (401(a) Plan) with current statutory requirements. Amendments include: an alignment of the percentage of the District's minimum contribution to 401(a) Plan participants' accounts to five percent (5%) of an employee's basic annual salary for regular participants, and not less than five and a half percent (5.5%) of an employee's basic annual salary for detention officers; providing clarification that participants in the plan become partially vested after two (2) years of creditable service instead of five (5) years; the addition of new graded vesting schedule requirements; and revisions of outdated language in the existing provisions to be consistent with the defined contribution plan and existing law.

This rulemaking also adds Sections 2610 through 2619 to implement the District's deferred compensation plan (457(b) Plan). These new sections include automatic enrollment provisions that will require newly hired employees and rehired employees who are eligible to participate in the 457(b) Plan to be automatically enrolled as participants effective the date of their employment. All participants will be enrolled at five percent (5%) of their annual base salary as pre-tax contributions, until the participant elects to increase, reduce, or cease their contribution amount under the plan.

Finally, this rulemaking updates Section 2699 (Definitions) to revise existing definitions related to the 401(a) Plan and add new terms related to the 457(b) Plan. The Director also gives notice of her intent to take final rulemaking action to adopt the proposed rulemaking in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

Chapter 26, DEFINED CONTRIBUTION PENSION PLAN, of Title 6-B DCMR, GOVERNMENT PERSONNEL, is amended as follows:

The chapter heading is amended to read as follows:

CHAPTER 26 RETIREMENT BENEFITS

Sections 2601 through 2607 are amended to read as follows:

2601 DISTRICT RETIREMENT BENEFITS PROGRAM

- 2601.1 The District retirement benefits program (“Program”) consists of:
- (a) A defined contribution plan pursuant to § 401(a) of the Internal Revenue Code (“IRC”);
 - (b) A deferred compensation plan benefit, as provided in § 457(b) of the IRC; and
 - (c) Social Security, as provided in Chapter 7 of Title 42 of the U.S. Code.
- 2601.2 Except for positions excluded by § 2603.10, the following employees who were first employed in the District government (“District”) after September 30, 1987, are eligible to participate in the Program:
- (a) All full-time permanent employees;
 - (b) Part-time permanent employees who work at least thirty (30) hours per week; and
 - (c) Term appointees of more than twelve (12) months.
- 2601.3 This chapter and the Program shall be implemented consistent with controlling provisions in the IRC and regulations issued to implement the IRC (federal regulations”). If any provision in this chapter conflicts with the IRC and federal regulations, the IRC and federal regulations shall control.

2602 DISTRICT OF COLUMBIA DEFINED CONTRIBUTION PLAN

- 2602.1 The District of Columbia Defined Contribution Plan (“401(a) Plan”) is designed to comply with the requirements §§ 401(a) and 501(a) of the IRC and the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code §§ 1-626.01 *et seq.*) (the “Act”).
- 2602.2 There shall be established an irrevocable trust called the § 401(a) Trust (“Trust”), that shall be managed so as to be exempt from income tax under § 501(a) of the IRC. The funds contributed by the District under the 401(a) Plan shall be placed in the Trust. The assets of the Trust shall be administered by the Mayor.
- 2602.3 Contributions made to the Trust by the District are for the purpose of distributing the Trust’s principal and income to employees in accordance with the 401(a) Plan.
- 2602.4 The 401(a) Plan shall be maintained for the exclusive benefit of employees or their beneficiaries covered under the Trust. There shall be no part of the principal

or income of the Trust used for any other purpose before the satisfaction of 401(a) Plan liabilities.

2602.5 With the consent of the Administrator, the Trustee, or the Trustee's designee may accept rollover contributions to be held for the benefit of any participant in accordance with the 401(a) Plan Document.

2603 PARTICIPATION IN THE PLAN

2603.1 Eligible employees (employees who are first employed in the District after September 30, 1987, in a benefit-eligible position in a covered employment as defined in § 2699 and who are not excluded from participation by law or regulation) are covered under the 401(a) Plan.

2603.2 The personnel authority shall enroll each eligible employee into the 401(a) Plan as a participant at the beginning of the first pay period immediately following the employee's completion of one (1) year of creditable service, provided the employee first completes the 401(a) Plan enrollment forms.

2603.3 A participant shall have a vested interest in his or her benefits in the 401(a) Plan as outlined in § 2605.1.

2603.4 A participant who ceases to be an eligible employee but remains employed with the District, shall resume participation in the 401(a) Plan on the first day of the first pay period that commences after he or she resumes service as an eligible employee.

2603.5 The Administrator shall suspend the participation in the 401(a) Plan of any participant who separates from service for more than three (3) workdays in accordance with the 401(a) Plan Document. The participant shall resume participation in the 401(a) Plan if reinstated, restored to duty or reemployed by the District in accordance with §§ 2603.7, 2603.8, or 2603.9. If a participant is not reemployed with the District within one (1) year of separation, except as provided in §§ 2603.8 and 2603.9, he or she shall be terminated from participation in the 401(a) Plan pursuant to § 2603.6 and his or her inactive account shall be forfeited and disposed of pursuant to § 2606.8.

2603.6 The Administrator shall terminate the participation in the 401(a) Plan for:

- (a) Each participant who does not have a vested interest in his or her benefits in accordance with § 2605.1 and who is separated from service for more than one (1) year, unless the participant is reemployed by the District in accordance with §§ 2603.8 or 2603.9; and
- (b) Each participant or former participant who has a vested interest in his or her benefits in accordance with § 2605.1, or his or her beneficiary, upon receipt of all benefits in his or her active or inactive account.

- 2603.7 A participant in the Plan who is removed or suspended without pay and later reinstated or restored to duty on the grounds that the removal or suspension was unwarranted or unjustified, shall be entitled to immediately resume accruing creditable service for purposes of vesting in the 401(a) Plan, or to resume participation in the 401(a) Plan, whichever is applicable, and to receive any creditable service which otherwise would have been credited pursuant to §§ 2604.1, 2604.2, and 2604.3. Appropriate increases shall be made in the Trust to reflect the District contributions that would have been made had the employee not been removed or suspended.
- 2603.8 A former employee who is reemployed by the District within one (1) year of the date of separation shall resume participation in the 401(a) Plan immediately, without a loss of prior creditable service or forfeiture of any contributions and income allocated to his or her basic contribution account, during that period of separation from service. If a vested participant receives any or all his or her benefits during the separation from service, then he or she shall be vested only for the following amounts upon reemployment:
- (a) Any remaining benefits in his or her basic contribution account;
 - (b) Any income allocated to his or her basic contribution account during the period of separation; and
 - (c) Any contributions and income allocated to his or her basic contribution account after the reemployment.
- 2603.9 Except as provided in § 2603.7, a participant, whether or not his or her interest in benefits has vested, who is reemployed by the District after a separation from service for more than one (1) year, must satisfy the requirements of §§ 2603.1 and 2603.2 to become eligible to participate in the 401(a) Plan, and must also satisfy the requirements of § 2605.1 to become vested in the 401(a) Plan with respect to any contributions and income allocated to his or her basic contribution account after such reemployment. If an employee has met the vesting schedule requirements in accordance with § 2605.1 prior to the separation from service, then he or she shall remain vested as to any remaining benefits, and income thereon, in his or her basic contribution account at the time of such reemployment.
- 2603.10 The following types of employment are “non-covered employment” for purposes of the 401(a) Plan:

- (a) Any position when the employee serves under an appointment of one (1) year or less, except when the appointment follows service in a covered position by a break in service of three (3) days or less;
- (b) Any position when the employee serves without an assigned tour of duty;
- (c) Any position held by a summer youth employee;
- (d) Any position that is not paid according to a District pay schedule and that is held by a patient or a resident in a hospital, home, or penal or mental institution of the District;
- (e) Any position when the employee is paid on a contract or fee basis;
- (f) Any student-employee who receives a stipend and is assigned or attached primarily for training purposes to a hospital, clinic, or laboratory operated by the District;
- (g) A police officer or firefighter who is covered under the D.C. Police and Firefighters' Retirement Plan pursuant to D.C. Official Code § 5-701(1)(A) (2019 Repl.);
- (h) An employee who is covered under the D.C. Teachers' Retirement Plan as specified in D.C. Official Code § 38-2021.13 (2019 Repl.);
- (i) An employee at the University of the District of Columbia (University) who is covered under the University's IRC § 403(b) savings plan;
- (j) A substitute or evening school teacher, pursuant to D.C. Official Code § 38-2021.13 (2019 Repl.);
- (k) A judge or Executive Officer employed at the District of Columbia Court of Appeals or the Superior Court, or the former Juvenile Court of the District of Columbia, District of Columbia Tax Court, Police Court, Municipal Court, Municipal Court of Appeals, or District of Columbia Court of General Sessions; and
- (l) Any other service performed in a position deemed to be non-covered employment pursuant to the Act, this chapter, or the 401(a) Plan Document.

2603.11

Each participant's account shall be charged with its proportionate share of any expenses paid from the 401(a) Plan and shall also include any functional subaccounts as may be established by the Administrator from time to time. To the extent that the Administrator determines that a functional subaccount no longer needs to be maintained, such functional subaccount may be combined with

another functional subaccount. The functional subaccounts are as follows: (1) Basic Contribution Account or (2) Rollover Contribution Account.

2604 CREDITABLE SERVICE

2604.1 Creditable service shall be measured for an eligible employee from the date the employee's eligible service under § 2601.2 begins until the date of the employee's separation from that eligible service.

2604.2 Eligibility and vesting in the 401(a) Plan shall be based on a participant's total number of years and months of creditable service, including any fractional parts of a calendar month. With respect to any fractional parts of a calendar month, thirty (30) calendar days shall equal one (1) calendar month.

2604.3 Service in any covered employment for less than twelve (12) months shall be counted as creditable service towards satisfying the one (1) year of creditable service for participation in the 401(a) Plan if the employee is placed in another position that qualifies as eligible service under § 2601.2 within three (3) workdays of terminating service in the previous covered position.

2604.4 An employee shall accrue creditable service for all the following purposes:

- (a) To qualify for 401(a) Plan participation, in accordance with §§ 2603.1 and 2603.2;
- (b) To determine when the interest of an employee in his or her account shall vest in accordance with § 2605.1; and
- (c) To determine when contributions are to be paid to the Trust on behalf of an employee in accordance with §§ 2603.1 and 2606.1.

2604.5 Creditable service shall not include any of the following:

- (a) When an employee is removed or suspended from service or is in an unauthorized leave without pay status for a period that exceeds thirty (30) workdays in a calendar year, except as specified in § 2603.7;
- (b) Any portion of an authorized leave of absence without pay that exceeds two (2) years, except for military leave or furlough as authorized under applicable law or regulations;
- (c) Any service performed in non-covered employment, as defined by § 2603.10;
- (d) Any prior service of an employee who was employed less than one (1) year if the employee was separated from service for more than three (3) workdays, except as provided in §§ 2603.7 and 2603.8;

- (e) Any prior service of an employee participant reemployed by the District after a separation from service of more than one (1) year, except as provided for in § 2603.9;
- (f) Any annual or sick leave accrued by an employee prior to his or her separation from service; and
- (g) Any service otherwise excluded from creditable service by law, regulations, or the 401(a) Plan Document.

2605 VESTING REQUIREMENTS

2605.1 A participant shall become fully vested in his or her benefits in the 401(a) Plan when the employee:

- (a) Attains age sixty-five (65) and separates prior to meeting the vesting requirement;
- (b) Becomes entitled to disability benefits under the Social Security Act;
- (c) Dies while employed with the District; or
- (d) Prior to December 8, 2009, completes five (5) years of creditable service in covered employment.

2605.2 Effective December 8, 2009, a participant who is not vested in the 401(a) Plan under the terms set out in § 2605.1, shall become partially and fully vested in his or her benefits in the Plan according to the following schedule:

Years of Creditable Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

2606 DISTRICT CONTRIBUTIONS TO THE TRUST

2606.1 The District shall make contributions on no less than a quarterly basis to the Trust in an amount equal to the sum of the amounts calculated in accordance with §§ 2606.2 and 2606.3, which shall be allocated to the active account of each participant subject to the limitations on contributions as established by 26 USC § 415.

2606.2 The District shall contribute to the Trust an amount equal to five percent (5%) of the base salary of each employee participating in the 401(a) Plan, except in the

case of detention officers, the District shall contribute no less than five and a half percent (5.5%) of the base salary of each participant.

- 2606.3 The District shall only make contributions that are consistent with the Act, this chapter, and the 401(a) Plan Document. The District shall not make contributions for any of the following:
- (a) Employees who have not attained one (1) year of creditable service;
 - (b) Any period when the participant performs service in non-covered employment, as defined by § 2603.10;
 - (c) Any period when a participant is in a non-pay status;
 - (d) Any period when a participant has been removed or suspended from service without pay, except as provided for in § 2603.7;
 - (e) Any period when the participant is separated from service in excess of three (3) workdays, except as provided in §§ 2603.7 and 2603.8; and
 - (f) Any participant whose is not eligible to participate in the 401(a) Plan pursuant to the Act, this chapter, or 401(a) Plan Document.
- 2606.4 A participant is neither required nor permitted to make payments to the Trust.
- 2606.5 A participant shall have no right to any contributions or income allocated to his or her active account, until the participant becomes vested in accordance with § 2605.
- 2606.6 If a participant separates from the District prior to attaining the vesting requirements of § 2605, no contributions shall be allocated to his or her active account during the period of separation, and all contributions and income previously allocated to his or her active account shall be transferred to an inactive account during the period of separation.
- 2606.7 If the former participant is reemployed with the District in accordance with §§ 2603.7 or 2603.8, all contributions and income transferred to an inactive account shall be reinstated to the participant and transferred back to an active account.
- 2606.8 If a participant separates from the District prior to attaining the vesting requirements of § 2605 and is not reemployed in the District in accordance with §§ 2603.7 or 2603.8, then his or her contributions and income that were transferred to an inactive account shall be forfeited.
- 2606.9 The Trustee shall return to the District contributions that were made to the Trust, and any income thereon, if:
- (a) The 401(a) Plan does not qualify under IRC §§ 401(a) and 501(a);

- (b) The contributions or income have been allocated to any active or inactive account under a mistake of fact; or
- (c) Any funds remain in the Trust after the 401(a) Plan has terminated and all liabilities of the Trust have been satisfied.

2606.10 No contributions to the Trust, nor any income earned thereon, shall be used for or diverted for purposes other than the exclusive benefit of the participants, former participants, and their beneficiaries, prior to the satisfaction of all liabilities to the participants, former participants, and beneficiaries.

2607 DISTRIBUTION AND FORFEITURE OF BENEFITS UNDER THE 401(a) PLAN

2607.1 Except as provided in Subsection 2607.2, a participant who has separated from the District and who has not met the two (2) years of creditable service required for vesting in a 401(a) Plan account under § 2605, shall have those contributions forfeited and shall not receive a distribution of benefits. The contributions shall be restored if the participant is rehired within one (1) year after the date of separation, as provided in § 2603.8.

2607.2 A participant who has separated from the District and who has not met the two (2) years of creditable service required for vesting in a 401(a) Plan account under § 2605, but who has attained age sixty-five (65) prior to separating from the District, separated from the District due to disability, or has separated from the District due to the participant's death, shall become fully vested as a participant.

2607.3 Upon written request, a vested participant or former participant, or beneficiary, who separates from service, becomes disabled, or dies shall receive vested 401(a) Plan benefits distributed in a lump sum payment unless a different distribution option is elected pursuant to § 2607.5. The lump sum payment shall be made as soon as administratively feasible after satisfactory proof has been submitted, but in no more than sixty (60) days after the end of the quarter during which the separation from service, disability, or death occurs.

2607.4 If a participant dies prior to the commencement of a distribution of benefits, the benefits shall be distributed to the beneficiary in accordance with the 401(a) Plan Document.

2607.5 A vested participant, former participant, or beneficiary, may elect to have vested 401(a) Plan benefits distributed, as provided by the 401(a) Plan, pursuant to the limitations set forth in IRC § 401(a)(9), in one or a combination of the following:

- (a) Single life annuity;
- (b) Joint and survivor annuity made over the joint lives of the participant and a beneficiary;

- (c) Periodic annuity for a certain number of years without a life contingency;
- (d) Installments of substantially equal amounts for a specific period, not to exceed the life expectancy of the employee or beneficiary; or
- (e) A lump sum.

- 2607.6 Notwithstanding any other provisions of the 401(a) Plan Document, distributions under § 2607.5 shall be in accordance with § 2607.3 and IRC § 401(a)(9).
- 2607.7 A vested participant, former participant, or beneficiary of a 401(a) Plan account (excluding rollover contribution) of one thousand dollars (\$1,000) or more, must submit a written request for distribution of benefits. A 401(a) Plan account of less than one thousand dollars (\$1,000) (excluding rollover contributions) may be paid out without the participant's or beneficiary's consent.
- 2607.8 In no event shall the distribution of benefits to a participant or former participant, commence later than April 1 of the calendar year following the year in which he or she retires or terminates employment, or attains the age of seventy and one-half (70½), or by such other age, if any, that the Internal Revenue Service (IRS) may establish which is applicable to qualified plans under IRC § 401(a).
- 2607.9 Prior to any distribution of benefits from the 401(a) Plan to a former employee, the former participant must attest to his or her employment status with the District government and his or her marital or domestic partnership status and, if married or in a domestic partnership, submit written consent, witnessed by a notary public, from his or her spouse or domestic partner, to any distribution of benefits, unless it is established to the satisfaction of the Administrator that this consent cannot be obtained due to incompetence, incapacitation, or unavailability of the spouse or domestic partner.
- 2607.10 If a participant, former participant, or beneficiary elects to have benefits distributed in accordance with § 2607.5, his or her active account shall be transferred to an inactive account during the period for which benefits are to be distributed.
- 2607.11 If a former participant dies after the commencement of a distribution of benefits, distribution of any remaining benefits shall be to the beneficiary of the former participant in accordance with the 401(a) Plan Document.
- 2607.12 If a participant becomes disabled prior to a separation from service, benefits shall be distributed to the employee in accordance with the 401(a) Plan Document.
- 2607.13 If a participant or former participant dies without designating a beneficiary, distribution of any remaining benefits shall be in accordance with the 401(a) Plan Document.

- 2607.14 A participant or former participant who is married or in a domestic partnership may only designate a beneficiary other than his or her spouse or domestic partner upon the written attested consent of the spouse or domestic partner, unless it is established to the satisfaction of the Administrator that this consent cannot be obtained due to incompetence, incapacitation, or unavailability of the spouse or domestic partner.
- 2607.15 A participant who dies while performing qualified military service (as defined in 26 USC § 414(u)(5)) on or after January 1, 2007, shall be treated as if the participant resumed employment the day before death and terminated employment on the actual date of death. The account shall be payable to designated beneficiary.
- 2607.16 An employee of the Fire and Emergency Medical Services Department holding a valid certificate as a paramedic, serving as an emergency medical technician, or serving as a hazards or emergency medical services specialist, who is appointed to serve as a uniformed firefighter position may elect to transfer his or her 401(a) Plan account to the D.C. Police Officers' and Firefighters' Retirement Fund.
- 2607.17 A participant who is at least age seventy and a half (70½) years may request a non-hardship withdrawal from his or her 401(a) Plan account as follows:
- (a) The withdrawal request may be made at any time;
 - (b) A minimum amount of one hundred dollars (\$100.00) may be withdrawn; unless the amount available is less than \$100.00; and
 - (c) The amount withdrawn shall be distributed from the participant's investment funds designated by the participant, provided that the designated investment funds hold a balance as of the withdrawal date sufficient to pay the full amount of the withdrawal request.

New Sections 2608 through 2619 are added to read as follows:

2608 DEFINED CONTRIBUTION PLAN ADMINISTRATION

- 2608.1 The 401(a) Plan is administered by the Chief Financial Officer for the District of Columbia (CFO). The Plan Document is available online at <https://www.icmarc.org/dc/forms-and-publications/publications.html> and contains the official summary description of the plan, its terms, and conditions.

2609 MISCELLANEOUS PROVISIONS

- 2609.1 Any payment of, or right to, benefits shall be non-assignable and non-alienable, except as provided in the 401(a) Plan Document or in § 2609.2.

- 2609.2 The payment of, or right to, benefits under the 401(a) Plan may be assigned to a non-participant pursuant to a legally enforceable qualified domestic relations order.
- 2609.3 The liability of the 401(a) Plan to any employee, former employee, or beneficiary with respect to the distribution of benefits shall be limited to his or her active or inactive account balance on the date of separation from service, disability, or death, and including any interest earned on the account balance.
- 2609.4 The District may amend or terminate the 401(a) Plan, provided that any amendment or termination shall not impair the rights of a vested employee or former employee, or his or her beneficiary, to receive any contributions, or interest earned on the account balance, allocated to his or her active or inactive account prior to the date of the termination or amendment of the 401(a) Plan.
- 2609.5 No vested benefits of participants, former participants, or beneficiaries shall be forfeited upon the termination of the 401(a) Plan.
- 2609.6 Direct transfer of eligible rollover distributions shall be made in accordance with 26 USC § 401(a)(31).

2610 DISTRICT OF COLUMBIA DEFERRED COMPENSATION PLAN

- 2610.1 The District established the District of Columbia Deferred Compensation Plan (“457(b) Plan”), which is an eligible deferred compensation plan under § 457(b) of the IRC.
- 2610.2 The 457(b) Plan is a tax-advantage retirement savings account that allows eligible employees to set aside a portion of their salary through payroll deductions on a pre-tax or after-tax basis into an account that is invested at the discretion of the employee in a manner approved by the District.

2611 DEFERRED COMPENSATION – ELIGIBILITY

- 2611.1 Except for positions excluded in § 2611.2, the following employees are eligible to participate in the 457(b) Plan:
- (a) All full-time permanent employees;
 - (b) Part-time permanent employees who work at least thirty (30) hours per week; and
 - (c) Term appointments of more than twelve (12) months.
- 2611.2 The following types of employees are in “non-covered employment” for purposes of the 457(b) Plan:
- (a) Employees serving in a temporary appointment of one (1) year or less;

- (b) Members of a board or commission whose pay is set under D.C. Official Code § 1-611.08;
- (c) Judges and Executive Officers employed by the District of Columbia Court of Appeals or the Superior Court, or the former Juvenile Court of the District of Columbia, District of Columbia Tax Court, Police Court, Municipal Court, Municipal Court of Appeals, or District of Columbia Court of General Sessions;
- (d) Summer youth employees;
- (e) Student employees who receive a stipend and are assigned or attached primarily for training purposes to a hospital, clinic, or laboratory operated by the District government; and
- (f) Employees and other individuals who are paid on a contract or fee basis.

2612 AUTOMATIC ENROLLMENT

- 2612.1 All eligible employees newly hired or rehired (those employees who have had a break in service of three (3) consecutive workdays or more) on or after June 10, 2019, shall be automatically enrolled in the 457(b) Plan. All eligible employees hired or rehired before June 10, 2019, may elect to enroll in the 457(b) Plan as provided in § 2613.2.
- 2612.2 All participants who are automatically enrolled shall be deemed to have elected to defer five percent (5%) of their annual base salary, as pre-tax deferrals (“Default Deferrals”).
- 2612.3 Participants who are automatically enrolled may increase, reduce, or cease the amount of their deferrals to the 457(b) Plan at any time. An automatically enrolled participant who elects to cease deferrals during the first thirty (30) days of employment shall be entitled to a distribution under § 2612.6.
- 2612.4 Automatically enrolled participants shall be provided with written notification of the 457(b) Plan Automatic Enrollment policy by the effective date of their appointment. The notice shall explain:
- (a) The employee’s rights under the 457(b) Plan to designate how deferrals and earnings will be invested;
 - (b) How, in the absence of an investment election by the employee, such deferrals and earnings will be invested;
 - (c) The percentage of the employee’s base salary that will be deferred to the program;

- (d) The employee's right to increase, reduce, or cease his or her deferrals to the program;
- (e) How an employee may elect investments and change or cease deferral amounts under the 457(b) Plan; and
- (f) The employee's right to make a permissive withdrawal from the Default Deferrals, and the procedures governing such withdrawals.

2612.5 Each automatically enrolled participant shall sign an acknowledgement that he or she received the written policy as specified in § 2612.4 of this section. A legal guardian's signature is needed if the eligible participant is under eighteen (18) years of age.

2612.6 Automatically enrolled participants may elect, within thirty (30) calendar days after the first day of employment, to withdraw the Default Deferrals (as adjusted for gains and losses to the date of distribution) made on his or her behalf to the 457(b) Plan. The withdrawal shall be processed, and any amounts owed shall be distributed to the participant, within sixty (60) calendar days after receipt of a request to withdraw the Default Deferrals. Any such withdrawal request will be treated as an affirmative election by the automatically enrolled participant to cease having Default Deferrals made on his or her behalf as of the date of the withdrawal request.

2612.7 Any deferrals, as adjusted for gains and losses, made by the District pursuant to § 2612.1 with respect to any Default Deferrals being withdrawn pursuant to § 2612.6 shall be forfeited.

2612.8 Default Deferrals made on behalf of automatically enrolled participants shall begin no later than the first pay period after the effective date of appointment.

2613 ELECTIVE ENROLLMENT; MODIFICATIONS TO ENROLLMENT

2613.1 An employee who opts out of automatic enrollment under § 2612 may elect to participate in the 457(b) Plan after the end of the thirty (30) calendar days after the first day of employment. An employee who was not automatically enrolled in the 457(b) Plan may elect to participate in the 457(b) Plan at any time after the employee's date of hire.

2613.2 To participant, complete the Salary Deferral Agreement through the Employee Self-Service (ESS) in the PeopleSoft System. The agreement shall include:

- (a) The option of selecting pre-tax deferrals or after-tax (Roth) deferrals;
- (b) Amount of compensation to be deferred; and
- (c) Investment elections.

- 2613.3 An employee enrolled in the 457(b) Plan may change his or her deferral amounts by completing the Salary Deferral Agreement. The change to the deferral amounts shall take effect not earlier than the first day of the first pay period following the date when the Salary Deferral Agreement is executed.
- 2613.4 Participants shall have the option of electing through payroll deduction to make either pre-tax deferrals that will reduce their taxable income for the year, or after-tax deferrals (Roth deferrals) that will not reduce their taxable income for the year.
- 2613.5 Participants may elect to defer a minimum of twenty dollars (\$20) per pay period or forty-three dollars (\$43) per month.
- 2613.6 The maximum amount of compensation that a participant may defer through pre-tax and Roth deferrals under the 457(b) Plan in any taxable year shall not exceed the lesser of:
- (a) The applicable dollar amount under § 457(b)(2)(A) of the IRC, or
 - (b) One hundred percent (100%) of the participant's base salary, as provided for in § 457(b)(2)(B) of the IRC.
- 2613.7 The 457(b) Plan special catch-up limitation allows a participant, for the last three (3) taxable years ending before a participant attains normal retirement age, to make contributions in excess of the limits set forth in § 2613.6. The maximum catch-up deferral amount shall be the lesser of:
- (a) Twice the maximum deferral dollar amount in effect under § 2613.6, or
 - (b) An amount equal to:
 - (1) The aggregate § 2613.6 limitation for the current year, plus, and
 - (2) The portion of the primary limitation amount not utilized in prior taxable years in which the participant was eligible to participate in the 457(b) Plan. A participant may use a prior year only if the deferrals under the 457(b) Plan in existence during that year were subject to a maximum deferral amount.
- 2613.8 All participants who have attained age fifty (50) or over before the close of the 457(b) Plan year shall be eligible to make additional deferrals that exceed the maximum limitation for the 457(b) Plan year, in accordance with, and subject to the limitation of, 26 CFR § 1.414(v).
- 2613.9 Any deferrals to the 457(b) Plan account that exceed the amounts authorized by § 2613.6 shall be refunded to the participant in accordance with 26 CFR § 1.457-4(e).

2614 VOLUNTARY TERMINATION OF ENROLLMENT

2614.1 A participant may cancel his or her participation in the 457(b) Plan at any time. This participant shall provide notification of his or her cancellation through the Employee Self Service function in the PeopleSoft system. A participant's cancellation shall take effect on the date of the request. An employee who previously cancelled his or her participation in the 457(b) Plan may subsequently recommence participation by completing the Salary Deferral Agreement through the Employee Self Service function in the PeopleSoft system.

2615 DISTRICT MATCHING CONTRIBUTION

2615.1 For participants employed by the Council of the District of Columbia, Office of the District of Columbia Auditor, and the Office of Advisory Neighborhood Commissions, the District shall contribute an amount equal to an employee's deferrals to the 401(a) Plan each pay period not to exceed three percent (3%) of his or her base salary. The District does not make matching contributions to the 401(a) Plan accounts of other employees.

2615.2 Within forty-five (45) days after the end of each pay period, the District shall contribute deferrals to the Trust.

2616 INVESTMENTS

2616.1 Participants shall be given an opportunity to direct investment of their respective 457(b) Plan accounts in one (1) or more of the investment funds offered by the 457(b) Plan.

2616.2 When a participant makes deferrals to the 457(b) Plan and has not directed that those deferrals be invested in any specific fund(s), his or her deferrals shall be invested in the default fund selected by the 457(b) Plan provider until additional instructions are provided by the participant.

2617 TRANSFERRING INVESTMENTS FROM OTHER ACCOUNTS

2617.1 Participants in the 457(b) Plan may transfer amounts from other eligible 457(b) plans or 401(k) plans into their 457(b) Plan account.

2618 DISTRIBUTION OF BENEFITS

2618.1 Participants may not withdraw funds from their account, except in the case of:

- (a) Separation from the District;
- (b) Death;
- (c) Attainment of age seventy and one-half (70½); or

(d) A severe financial hardship, pursuant to § 2618.3.

2618.2 Roth deferrals and associated earnings can be withdrawn tax free if:

(a) Five (5) years have passed since January 1 of the year of the participant's first Roth deferrals; and

(b) The participant is at least fifty-nine and one-half (59½) years old (or disabled or deceased).

2618.3 Participants may request a distribution due to a severe financial hardship by applying for an emergency withdrawal using the "District of Columbia 457(b) Deferred Compensation Plan, Application for Unforeseeable Emergency Withdrawal Form," available at <http://www.dcretire.com>.

2618.4 Participants may elect the time when distributions under the 457(b) Plan will begin by designating the month and year the first distribution is to be made. The first distribution date that may be elected by the participant shall be the earlier of:

(a) Thirty-one (31) days after separation from the District, or

(b) The date the participant attains age seventy and a half (70½).

2618.5 Notwithstanding § 2618.4, a distribution of a participant's account must be made no later than the first (1st) day of April following the calendar year in which the participant separates from the District or attains age seventy and a half (70½).

2618.6 Participants eligible to receive a distribution may choose from the following payment options:

(a) Lump sum payment;

(b) Installment payments for a designated period, including monthly, quarterly, semi-annual, and annual installment payments;

(c) Annuity payments; or

(d) Direct rollover to another employer-sponsored, eligible retirement plan or to a traditional IRA.

2618.7 If a participant dies before distribution of his or her account, then the beneficiary must submit a death certificate proving the death of the participant before distribution of the participant's account pursuant to § 2618.6.

2619 TERMINATING ENROLLMENT

2619.1 A person's enrollment in the 457(b) Plan shall terminate when one (1) of the following occurs:

- (a) The participant terminates employment with the District, or
- (b) The participant ceases to be eligible to participate in the 457(b) Plan.

2619.2 A participant who ceases to be eligible to participate in the 457(b) Plan, but who remains an employee of the District, shall be entitled to withdraw all of the funds from his or her account upon termination of employment.

Section 2620, POLICE AND FIRE RETIREMENT SYSTEM PURCHASE OF MILITARY SERVICE PERFORMED AFTER DECEMBER 31, 1956, is amended to read as follows:

2620 DISTRICT OF COLUMBIA DEFERRED COMPENSATION PLAN ADMINISTRATION

2620.1 The 457(b) Plan is jointly administered by the D.C. Department of Human Resources (DCHR) and the D.C. Office of the Chief Financial Officer, Office of Finance and Treasury (CFO).

2620.2 The 457(b) Plan Administrator provides for the administration of the plan, which includes but is not limited to:

- (a) Enrollment of eligible employees as participants;
- (b) The maintenance of accounts and other records;
- (c) Periodic reports to participants; and
- (d) The distribution of benefits to Participants.

2620.3 The 457(b) Plan Administrator shall serve as an agent of the District for purposes of providing direction to the custodian of any custodial account from time to time as to the investment of the funds held in the custodial account, and the transfer of assets to or from the custodial account.

2620.4 Each Participant's account shall be charged with its proportionate share of any expenses paid from the 457(b) Plan and shall also include any functional subaccounts as may be established by the Administrator from time to time. To the extent that the Administrator determines that a functional subaccount no longer needs to be maintained, such functional subaccount may be combined with another functional subaccount. The functional subaccounts are as follows: (1) Basic Contribution Account or (2) Rollover Contribution Account.

Section 2699, DEFINITIONS, is being amended to read as follows:

2699 DEFINITIONS

2699.1 As used in this chapter the following meanings apply –

Active account – the bookkeeping account maintained for each participant to record his or her allocable share of contributions and deferrals, and related income earned, and administrative expenses, which has not been designated as an inactive account.

Act – the District of Columbia Government Comprehensive Merit Personnel Act of 1978 (D.C. Law 2-139, D.C. Official Code §§ 1-601.01 *et seq.* (2016 Repl.)).

Administrative expenses – the costs of administering the 401(a) and 457(b) Plans, including but not limited to any Trust expenses.

Administrator –the Chief Financial Officer (CFO) or the employees of the CFO who have the power to act for the CFO with respect to the administration of the 401(a) or the 457 Plan, as the context requires.

Automatically Enrolled Participant – a participant in the 457(b) Plan who is first hired or rehired on or after June 10, 2019.

Base salary – the base rate of pay paid to a participant, as established by a District of Columbia salary schedule, by statute or by the Mayor, excluding overtime, holiday, Sunday, compensatory time, hazard pay, environmental, or night-shift differential pay, upon which contributions to the Plan shall be determined.

Beneficiary – the person(s) or legal entity or entities designated by the participant or former participant to receive any undistributed benefits that become payable in the event of the death of the participant or former participant.

Benefits – the amount in the active or inactive account of a vested participant or former participant, or his or her beneficiary, which is available for distribution upon separation from service, disability, or death.

Benefit commencement date – the date selected by the participant or beneficiary by designating the month and year during which the first distribution is to be made.

Contribution – the amount the District deposits into the Trust in accordance with § 2606.1 of this chapter.

Covered employment – service by any employee in any position, not specifically excluded as “non-covered employment,” pursuant to § 2603.10, which is:

- (a) Under the personnel authority of the Mayor;

- (b) Under the independent personnel authority of an executive agency that reports to the Mayor;
- (c) Under the personnel authority of the District of Columbia Courts when such courts participate in the 401(a) and 457(b) Plans with the approval of the Mayor; or
- (d) Under the personnel authority of an independent agency as defined in D.C. Official Code § 1-603.01 (2016 Repl.) when the independent agency participates in the 401(a) and 457(b) Plans with the approval of the Mayor.

Covered position – a permanent or term appointment of more than twelve (12) months position in the District government that includes benefits (*i.e.* health, life, retirement).

Creditable service – the period of employment to be recognized for purposes of eligibility for retirement benefits, as defined by § 2604.

Detention officer – an employee who is not covered by the Police and Fire Retirement System, whose duties are primarily the investigation, apprehension, or detention of individuals suspected or convicted of offenses against, or violation of, the laws of the United States or the District of Columbia, and whose duties may require frequent contact, supervision, inspection, training, employment, care, transportation, or rehabilitation of individuals in detention. The term includes:

- (a) Employees engaged in the activities listed above whom are transferred to a supervisory or administrative position;
- (b) Employees of the Department of Corrections, its industries, and utilities who are engaged in the activities listed above;
- (c) Employees of the Department of Youth Rehabilitation Services who are engaged in the activities listed above; and
- (d) Members of the Board of Parole, parole officers, and probation officers who are engaged in the activities listed above.

Deferral – the annual amount of compensation designated as a pre-tax deferral or after-tax (Roth) deferral that a participant elects to defer in the 457(b) Plan pursuant to a properly executed Salary Deferral Agreement.

Disabled – a condition which results in a participant being entitled to disability benefits within the meaning of the Social Security Act (42 USC §§ 416(i) and 423(d)).

District – the District government, including (a) subordinate agencies under the Mayor; (b) the District of Columbia Courts, and (c) any independent agency, if the courts or any independent agency duly accept 401(a) and/or 457(b) Plan(s), with the approval of the Mayor.

District of Columbia Deferred Compensation Plan – 457(b) Plan as provided pursuant to D.C. Official Code § 1-626.05(2) (2016 Repl.).

District of Columbia Defined Contribution Plan – 401(a) Plan as provided pursuant to D.C. Official Code § 1-626.05(3) (2016 Repl.).

Domestic partner – a person with whom an individual maintains a committed relationship as defined in D.C. Official Code § 32-702(a) (2019 Repl.).

Employee – an individual who performs a function of the District government and who receives compensation for the performance of such services.

Former employee – an employee who has separated from District government service.

Inactive account – the bookkeeping account maintained for each former participant for whom contributions and deferrals are no longer being made, and for each former participant or beneficiary who receives distributions, that records his or her allocable share of income and administrative expenses.

Income – the net increase or decrease of the Trust, as of each valuation date, resulting from realized and unrealized gains or losses, interest, dividends, and other investment earnings.

Internal Revenue Code or IRC - the Tax Reform Act of 1986, approved October 22, 1986 (100 Stat. 2085; 26 USC §§ 1 *et seq.*), as amended.

Plan account – a 401(a) or 457(b) account established and maintained for each participant to reflect the contributions and deferrals made by or for the benefit of the participant and the allocated or attributable income, gains and losses (whether or not realized).

Plan document – the 401(a) or 457(b) Plan document, as applicable, that outlines the process of how the District of Columbia Defined Contribution Plan or District of Columbia Deferred Compensation Plan is managed and maintained by the Administrator.

Section 401(a) Trust – a trust that qualifies under §§ 401(a) and 501(a) of the IRC, into which the District government’s contributions are deposited.

Separation from service – lawful termination of the employment relationship between an employee and the District government.

Trustee – the Chief Financial Officer (CFO), or any entity designated by the CFO to serve as trustee under the Trust. The term “Trustee” shall include custodian designated by the CFO under any custodial account.

Comments on these proposed regulations should be submitted, in writing, within thirty (30) days of the date of the publication of this notice to the D.C. Department of Human Resources, Policy and Compliance Administration. Comments may be submitted by mail to 1015 Half Street, Southeast, 9th Floor, Washington, D.C. 20003, or by e-mail to dchr.policy@dc.gov.

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA

NOTICE OF SECOND PROPOSED RULEMAKING**RM3-2018-01, IN THE MATTER OF THE INVESTIGATION INTO THE PUBLIC SERVICE COMMISSION'S RULES GOVERNING ENERGY METER LOCATIONS,**

1. The Public Service Commission of the District of Columbia (Commission) hereby gives notice, pursuant to Section 2-505 (2016 Repl.) of the District of Columbia Official Code,¹ of its intent to amend Chapter 3 (Consumer Rights and Responsibilities) of Title 15 (Public Utilities and Cable Television) of the District of Columbia Municipal Regulations (DCMR), commonly referred to as the Consumer Rights and Responsibilities.

2. This rulemaking sets forth standards for energy meter locations.

3. On March 9, 2018, the Commission published a Notice of Proposed Rulemaking (NOPR) in the *D.C. Register* at 65 DCR 2477, revising Sections 301 (Energy Meter Locations) and 399 (Definitions) of Chapter 3 to clarify its rules for energy meters replacement and relocation. This Second NOPR supersedes the First NOPR published on March 9, 2018. In this second proposed rulemaking, Sections 301 and 399 have been revised in response to comments filed on this matter and in response to Washington Gas Light Company's January 2, 2019, filing in *Formal Case No. 1142*, Commitment No. 70.²

4. The Commission also gives notice of its intent to take final rulemaking action in not less than thirty (30) days after publication of this Notice of Second Proposed Rulemaking in the *D.C. Register*.

Chapter 3, CONSUMER RIGHTS AND RESPONSIBILITIES, of Title 15 DCMR, PUBLIC UTILITIES AND CABLE TELEVISION, is amended as follows:

Section 301, ENERGY METER LOCATIONS, is amended to read as follows:

301 LOCATION OF ENERGY SERVICE METERS AND RELATED EQUIPMENT

301.1 Electric Meters and Equipment

- (a) Electric Meters shall be located outdoors whenever possible unless the relocation of the Meter will result in an unsafe condition.

¹ D. C. Official Code § 2-505 (2016 Repl.).

² *Formal Case No. 1142, In the Matter of the Merger of AltaGas, Ltd. and WGL Holdings, Inc.*, Washington Gas Light Company, Commitment 70, Compliance, filed January 2, 2019.

- (b) When an indoor electric Meter installation is replaced due to modifications in electric service equipment by the Electric Utility, the electric Meter shall be relocated outdoors at no expense to the Customer. If the electric Meter relocation is for the convenience of the Customer, it shall be at the Customer's expense and calculated in accordance with the Electric Utility's approved Tariff for this service. The cost of connecting the Meter to the Customer's electric service panel shall remain with the Customer.
- (c) Customers must grant access to the electric Meter for maintenance or service Disconnection within the provisions of Subsection 310.1. If a Customer refuses to grant access, the utility may relocate the electric Meter to an accessible location and the Customer shall bear the relocation cost.
- (d) The Electric Utility shall provide Customers with a fifteen (15) day notice prior to replacing or relocating electric equipment located on the Customer's premise or property. No such notice is required in emergencies.
- (e) The notice required by Subsection 301.1(d) shall inform the Customer of the equipment that the Electric Utility proposes to replace or relocate, the planned new location, and how to contact the Electric Utility to provide supplemental information, such as the building's historic status or any private property line limitations. The notice shall include contact information for the Commission and the Office of People's Counsel (OPC).
- (f) The Electric Utility shall develop and implement detailed protocols for determining the location of electric Meters, consistent with these rules, and shall inform Customers of these protocols.

301.2 Gas Meters and Equipment

- (a) Gas Meters shall be located outdoors whenever possible unless the relocation of the Meter will result in an unsafe condition or as otherwise authorized by Subsection 301.2. Natural Gas Service Regulators shall be located outdoors.
- (b) When new gas service lines are installed, or existing gas lines are replaced, gas Meters shall be placed outdoors at no expense to the Customer. If the gas Meter relocation is for the convenience of the Customer, it shall be at the Customer's expense and calculated in accordance with the Natural Gas Utility's approved Tariff for this service.

- (c) Customers must grant access to the gas Meter for maintenance or service Disconnection within the provisions of Subsection 310.1. If a Customer refuses to grant access, the utility may relocate the gas Meter to an accessible location and the Customer shall bear the relocation cost.
- (d) The Natural Gas Utility shall provide Customers with a fifteen (15) day notice prior to replacing or relocating natural gas equipment located on the Customer's premise or property. No such notice is required in emergencies.
- (e) The notice required by Subsection 301.2(g) shall inform the Customer of the equipment that the Natural Gas Utility proposes to replace or relocate, the planned new location, and how to contact the Natural Gas Utility to provide supplemental information, such as the building's historic status or any private property line limitations. The notice shall include contact information for the Commission and OPC.
- (f) The Natural Gas Utility shall determine the location of indoor or outdoor equipment, subject to the provisions of this Section, all applicable pipeline safety industry practices, federal and District of Columbia laws and regulations, including the Design Guideline for Utility Meters issued by the District of Columbia Historic Preservation Review Board, and any applicable District laws and regulations.
- (g) Where exterior Meters, Natural Gas Service Regulators, Shut-Off Valves or other natural gas equipment cannot be installed in front of the Customer's premises, the Natural Gas Utility, after consultation with the Customer, shall employ best efforts to avoid installing natural gas equipment on the principal street façades (of building/dwelling) and to place the equipment to the rear and secondary façades (side of building/dwelling) of the Customer's premises. If it is necessary and safe to place a Meter on a rear or secondary façade (side of building/dwelling) wall, the Natural Gas Utility shall select a location that provides reasonable access to the Meter. The Natural Gas Utility shall employ best efforts to preserve the integrity and appearance of the building and its façades.
- (h) When installing Meters, Natural Gas Service Regulators, Shut-Off Valves or other gas equipment outdoors, the Natural Gas Utility shall:
 - (1) Locate all Shut-Off Valves outdoors in a readily accessible location;
 - (2) Consider the potential damage to the natural gas equipment;

- (3) Select a location that accommodates access to gas Meter reading, inspection, repairs, testing, and safe changing and operation of the natural gas Shut-Off Valves, and service Disconnections;
 - (4) Consider an outdoor location consistent with the adjoining buildings and gas equipment locations;
 - (5) Consider, to the extent feasible and safe, locating the gas equipment behind existing landscaping to make it least visible from the street;
 - (6) Consult with Customers prior to conducting outdoor Meter relocation or replacement on the potential impact of the building's aesthetics;
 - (7) When safe to do so, install outdoor Meters and Natural Gas Service Regulators above ground in a protected location adjacent to the building served, and as close as possible to the point where the Natural Gas Service Line connects to the Natural Gas Main Line;
 - (8) Determine the location of Gas Service Regulators outdoors, when safe to do so. Otherwise, Natural Gas Service Regulators shall be located indoors as near as practicable to the point where the Natural Gas Service Line enters the building and shall be vented to the outside;
 - (9) Avoid placing natural gas equipment in front of windows or other building openings that may directly obstruct emergency fire exits and building entryways; and
 - (10) Place equipment under exterior stairways only when deemed safe by the Natural Gas Utility and when no other safe location is available.
- (i) At the Customer's request and only when deemed safe to do so, the Natural Gas Utility may locate the Meter and associated piping up to five (5) feet in length from the Natural Gas Utility's preferred installation location at no cost to the Customer. If a Customer requests an installation location that is safe to complete but is further than five (5) feet in length from the Natural Gas Utility's preferred installation location, then the Customer will be responsible for the costs associated with the additional piping beyond five (5) feet from the Natural Gas Utility's preferred location to the location selected by the Customer. The cost shall be calculated in accordance with the Commission-approved Tariff for this service.

- (j) The placement of gas Meters indoors shall be considered only when one or more of these circumstances are present:
 - (1) The natural gas service line pressure is less than ten (10) pounds per square inch gauge (“psig”);
 - (2) The gas Meter could not be installed safely on the private property surrounding the building and would have to be placed in an area that would violate traffic laws or interfere with the public right-of-way;
 - (3) A Natural Gas Utility determines that a gas Meter and associated equipment is subject to a high risk of damage based on the Natural Gas Utility’s prior experience; and
 - (4) Protection from ambient temperatures is necessary to avoid gas Meter freeze-ups, flooding or icing, or other extreme weather conditions that could impact the safe and accurate operation of the gas Meter.

- (k) If gas Meters are placed indoors, the Natural Gas Utility shall ensure:
 - (1) Indoor gas Meters shall be supported in such a manner as to be as free as possible from damage that will render them unsafe or inaccurate;
 - (2) Gas Meters are located in a ventilated place not less than three (3) feet away from a source of ignition or source of heat which may damage the Meter; and
 - (3) The Customer is informed in writing of any safety measures that the Customer needs to adhere to, including but not limited to, ventilation requirements and proximity of ignition source or heat to the gas Meter and gas equipment.

- (l) All gas Meters, Natural Gas Service Regulators, and Shut-Off Valves installed indoors at multi-family buildings, commercial buildings, or multiple connected residential dwellings shall be inspected by the Natural Gas Utility at intervals not exceeding twenty-seven (27) months, but at least once every two (2) calendar years, beginning June 2020.

- (m) The Natural Gas Utility shall develop and implement detailed protocols for determining the location of gas Meters, consistent with these rules, and shall inform Customers of these protocols.

Section 399, DEFINITIONS, Subsection 399.1, is amended to add the following definitions:

Natural Gas Service Regulator: the device on a service line that controls the pressure of gas delivered from a higher pressure to the pressure provided to the Customer. A service regulator may serve one Customer or multiple Customers through a meter header or manifold.

Natural Gas Main Line: a distribution line that serves as a common source of supply for more than one service line.

Natural Gas Service Line: a distribution line that transports gas from a common source of supply to an individual Customer, to two adjacent or adjoining residential or small commercial Customers, or to multiple residential or small commercial Customers served through a meter header or manifold. A service line ends at the outlet of the Customer meter or at the connection to a Customer's piping, whichever is further downstream, or at the connection to Customer piping if there is no meter.

Shut-Off Valve: a small local valve used to control the flow of gas and is installed upstream of the gas Meter.

5. Any person interested in commenting on the subject matter of this proposed rulemaking action may submit written comments not later than thirty (30) days after publication of this notice in the *D.C. Register* to Brinda Westbrook-Sedgwick, Commission Secretary, Public Service Commission of the District of Columbia, 1325 G Street, N.W., Suite 800, Washington, D.C. 20005, or electronically on the Commission's website at: https://edocket.dcpSC.org/public/public_comments. Copies of the proposed rules may be obtained by visiting the Commission's website at www.dcpSC.org or at cost, by contacting the Commission Secretary at the address provided above. Persons with questions concerning this NOPR should call (202) 626-5150 or send an email to psc-commissionsecretary@dc.gov.

DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE OF THIRD EMERGENCY RULEMAKING

The Director of the Department of Behavioral Health (“Department”), pursuant to the authority set forth in Sections 5113, 5115, 5117 and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.02, 7-1141.04, 7-1141.06 and 7-1141.07 (2018 Repl.)), hereby gives notice of the intent to adopt a third emergency amendments to Chapter 63 (Certification Standards for Substance Use Disorder Treatment and Recovery Providers), of Title 22 (Health), Subtitle A (Mental Health), of the District of Columbia Municipal Regulations (“DCMR”).

Emergency rulemaking is critical to public health as the rule establishes provider certification and SUD treatment services for the District of Columbia public behavioral health system. In December 2018, Mayor Bowser released the District’s Opioid Strategic Plan entitled “Live. Long. DC.” This plan includes current strategies to combat the opioid epidemic, and the District’s plan to reduce opioid related deaths by fifty (50) percent by 2020. As part of the plan, the Department has, *inter alia*, been tasked with reducing legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities. Specifically, the Department is to amend regulations to include the option of treatment on demand services and intake/assessments and referrals through multiple points of entry into the system of care for substance use disorder treatment services. To meet the deadline required by this plan, the Department requires the Emergency Rules to begin appropriate work immediately.

In April 2019, the Department adopted Emergency and Proposed Rulemaking for Chapter 63. This rulemaking reflected changes the Department and its substance use disorder (SUD) provider network identified to improve quality of care, accountability, and efficiency. The first emergency rulemaking was adopted and became effective on April 5, 2019. On August 2, 2019, the first emergency and proposed rulemaking was published in the *D.C. Register* at 66 DCR 10010. DBH did not receive any comments on the first emergency and proposed rulemaking. The second emergency rulemaking was adopted and became effective on August 2, 2019. On September 13, 2019, the second emergency rulemaking was published in the *D.C. Register* at 66 DCR 12192.

This Third Emergency Rulemaking was adopted and became effective on November 26, 2019. The Third Emergency Rulemaking is identical to the Second Emergency Rulemaking and was adopted to ensure there is no gap from the Second Emergency Rulemaking and adoption of a Fourth Emergency Rulemaking, which will include substantive changes. The Third Emergency rulemaking will remain in effect for one hundred twenty (120) days after the date of adoption unless superseded by publication of another rulemaking notice in the *D.C. Register*.

Chapter 63, CERTIFICATION STANDARDS FOR SUBSTANCE USE DISORDER TREATMENT AND RECOVERY PROVIDERS, of Title 22-A DCMR, MENTAL HEALTH, is repealed and replaced by a new Chapter 63 to read as follows:

**CHAPTER 63 CERTIFICATION STANDARDS FOR SUBSTANCE USE
DISORDER TREATMENT AND RECOVERY PROVIDERS**

6300 GENERAL PROVISIONS

- 6300.1 The Department of Behavioral Health (“Department”) is the Single State Agency (“SSA”) responsible for the development and promulgation of rules, regulations, and certification standards for prevention and treatment services related to the abuse of alcohol, tobacco, and other drugs (“ATOD”) in the District of Columbia (“District”). The Department is responsible for the inspection, monitoring, and certification of all District of Columbia substance use disorder (“SUD”) treatment and recovery providers.
- 6300.2 The purpose of these rules is to establish certification requirements for operating a SUD treatment or recovery program in the District of Columbia. These rules also establish additional certification criteria and requirements for SUD programs providing services under the Medicaid Adult Substance Abuse Rehabilitative Services (“ASARS”) program and a Human Care Agreement with the Department.
- 6300.3 Providers seeking certification shall specify the age ranges of the clients they will be serving. Providers with a Human Care Agreement serving youth shall be known as Adolescent Substance Abuse Treatment Expansion Program (ASTEP) providers.
- 6300.4 The SUD treatment framework in this chapter is based on levels of care established by the American Society for Addiction Medicine (“ASAM”).
- 6300.5 No person or entity shall own or operate a program that offers or proposes to offer non-hospital SUD treatment services without being certified by the Department pursuant to this chapter. This chapter does not apply to Health Maintenance Organizations, physicians, and other licensed behavioral health and medical professionals in individual or group practice.
- 6300.6 The Department shall issue one (1) certification for each provider that is valid only for the programs, premises, and level(s) of care stated on the certificate. The certificate is the property of the Department and must be returned upon request by the Department.
- 6300.7 The Department’s staff, upon presentation of proper identification, has the authority to enter the premises of an SUD treatment or recovery program during

operating hours for the purpose of conducting announced or unannounced inspections and investigations.

6300.8 A certified provider may not deny admission for services to an otherwise qualified individual because that person is receiving Medication-Assisted Treatment (MAT) services, even if the MAT services are provided by a different provider.

6300.9 Providers in Levels 1 - 3, except Short-term Medically Monitored Intensive Withdrawal Management (SMMIWM), may also receive a special designation as a program serving parents with children, subject to Section 6324 of this chapter.

6300.10 Each certified program shall comply with all the provisions of this chapter consistent with the scope of the authorized level of care and program services.

6301 ELIGIBILITY FOR SUBSTANCE USE DISORDER SERVICES

6301.1 Substance Use Disorder (“SUD”) is a chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the beneficiary continues using the substance despite significant substance-related problems. A diagnosis of an SUD requires a beneficiary to have had persistent, substance related problem(s) within a twelve (12)-month period in accordance with the requirements of the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual (“DSM”) in use by the Department.

6301.2 To be eligible for SUD treatment, a client must have received a diagnosis of an SUD in accordance with Subsection 6301.1 of this chapter from a qualified practitioner. Eligibility for Medicaid-funded or Department-funded SUD services shall be determined in accordance with Subsection 6301.4.

6301.3 Qualified Practitioners eligible to diagnose a substance use disorder pursuant to this Chapter are Qualified Physicians, Psychologists, Licensed Independent Clinical Social Workers (“LICSWs”), Licensed Professional Counselors (“LPCs”), Licensed Marriage and Family Therapists (“LMFTs”), and Advanced Practice Registered Nurses (“APRNs”). Qualified practitioners eligible to deliver non-diagnostic ASARS services include: Qualified Physicians; Psychologists, LICSWs; Licensed Graduate Social Workers (LGSW); APRNs; Licensed Independent Social Workers (LISWs); Licensed Graduate Professional Counselors (LGPCs) (only for providers not operating under a Human Care Agreement), Licensed Professional Counselors (LPCs); Licensed Marriage and Family Therapists (LMFTs); Physician Assistants (PAs); and Certified Addiction Counselors (CACs I and II).

6301.4 A client shall meet the following eligibility requirements in order to receive Medicaid-funded services:

- (a) Be *bona fide* residents of the District, as required in 29 DCMR Subsection 2405.1(a); and
- (b) Be referred for SUD services at the level of care determined by an Intake and Assessment provider or other intake center authorized by the Department, unless the clients are only receiving Recovery Support Services.
- (c) Be enrolled in Medicaid, or be eligible for enrollment and have an application pending; or
- (d) For new enrollees and those enrollees whose Medicaid certification has lapsed:
 - (1) There is an eligibility grace period of ninety (90) days from the date of first service for new enrollees, or from the date of eligibility expiration for enrollees who have a lapse in coverage, until the date the District's Economic Security Administration makes an eligibility or recertification determination.
 - (2) In the event the client appeals a denial of eligibility or recertification by the Economic Security Administration, the Director may extend the ninety (90)-day eligibility grace period until the appeal has been exhausted. The ninety (90)-day eligibility grace period may also be extended in the discretion of the Director for other good cause shown.
 - (3) Upon expiration of the eligibility grace period, SUD services provided to the client are no longer reimbursable by Medicaid. Nothing in this section alters the Department's timely-filing requirements for claim submissions.

6301.5

Clients eligible for locally-funded SUD treatment are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, or who are enrolled but the insurance program does not cover SUD treatment and who meet the following requirements:

- (a) For individuals eighteen (18) years of age and older, live in households with a countable income of less than two hundred percent (200%) of the federal poverty level, and for individuals under eighteen (18) years of age, live in households with a countable income of less than three hundred percent (300%) of the federal poverty level.

- (b) A client that does not meet the income limits of Subsection 6301.5(a) above may receive treatment services in accordance with the following requirements:
 - (1) The client must, within ninety (90) days of enrollment for services, apply to the Department of Human Services Economic Security Administration for certification, which will verify income;
 - (2) An individual with income over the limits in paragraph (a) above may receive treatment services with payment on a sliding scale; and
 - (3) The provider shall ensure it develops a sliding scale fee policy, reviewed by the Department, and shall be able to provide documentation to the Department of its collection of fees.

6302 SERVICES FOR PEOPLE WITH CO-OCCURRING MENTAL ILLNESSES

6302.1 All providers shall provide SUD services to eligible individuals with a co-occurring mental illness. A provider shall not decline to provide SUD services because of the person’s co-occurring mental illness.

6302.2 All providers shall, at a minimum, screen individuals during the Intake or Comprehensive Assessment to determine if the person may suffer from a mental illness in addition to an SUD.

6302.3 If a person screens positive for a co-occurring mental illness, the provider shall do the following in addition to providing SUD services:

- (a) Offer the opportunity for the person to receive mental illness treatment in addition to SUD treatment. If the person declines, the provider shall make the appropriate referrals for the person to receive mental health treatment at another qualified provider;
- (b) If the provider does not offer treatment for mental illness ensure the person is referred to an appropriate mental health provider; or
- (c) If an individual that screens positive for a co-occurring mental illness receives mental health treatment at another provider, the Clinical Care Coordinator is responsible for ensuring the plan of care and subsequent care and treatment of the person is coordinated with the mental health provider.

6303 PROVIDER CERTIFICATION PROCESS

- 6303.1 Each applicant seeking certification as a provider shall submit a certification application to the Department. A Department-certified provider seeking renewal of certification shall submit a certification application at least ninety (90) days prior to the termination of its current certification. The certification of an SUD provider that has submitted a timely application for renewal certification shall continue until the Department renews or denies the application.
- 6303.2 An applicant may apply for certification for Intake and Assessment and one or more of the following Level of Care (LOC):
- (a) Level 1: Opioid Treatment Program (OTP);
 - (b) Level 1: Outpatient;
 - (c) Level 2.1: Intensive Outpatient Program;
 - (d) Level 2.5: Day Treatment;
 - (e) Level 3.1: Clinically Managed Low – Intensity Residential;
 - (f) Level 3.3: Clinically Managed Population-Specific High-Intensity Residential;
 - (g) Level 3.5: Clinically Managed High – Intensity Residential Services (Adult Criteria) or Clinically Managed Medium – Intensity Residential Services (Adolescent Criteria);
 - (h) Level 3.7-WM: Short-term Medically Monitored Intensive Withdrawal Management (“SMMIWM”); and
 - (i) Level-R: Recovery Support Services.
- 6303.3 Providers may also be certified to provide one or more of the following specialty services based on their LOC certifications from the Department:
- (a) Medication Management;
 - (b) Adolescent – Community Reinforcement Approach (“ACRA”).
- 6303.4 All certified providers, except those only certified as Level-R, shall provide all of the following core services according to the requirements of this chapter and the individual needs of the client as outlined in the treatment plan:
- (a) Assessment/Diagnostic and Treatment Planning Services;
 - (b) Clinical Care Coordination;

- (c) Case Management;
- (d) Crisis Intervention;
- (e) Substance Use Disorder (SUD) Counseling/Therapy, including the following:
 - (1) Individual Counseling/Therapy;
 - (2) Group Counseling/Therapy;
 - (3) Family Counseling/Therapy;
 - (4) Group Counseling – Psychoeducation; and
- (f) Drug Screening, as follows:
 - (1) Toxicology Sample Collection; and
 - (2) Breathalyzer Testing.

6303.5 Certification shall be considered terminated if the SUD provider:

- (a) Fails to submit a complete certification application ninety (90) days prior to the expiration date of the current certification;
- (b) Voluntarily relinquishes certification;
- (c) Terminates operations.

6303.6 Upon receipt of a certification application, the Department shall review the certification application to determine whether it is complete. If a certification application is incomplete, the Department shall return the incomplete application to the applicant. An incomplete certification application shall not be regarded as a certification application. The Department shall not take further action to issue certification unless a complete certification application is submitted within ninety (90) days prior to the expiration of the applicant's current certification.

6303.7 Following the Department's acceptance of the certification application, the Department shall determine whether the applicant's facility services and activities meet the certification standards described in this chapter. The Department shall schedule and conduct an on-site survey of the applicant's services to determine whether the applicant satisfies all the certification standards. The Department shall have access to all records necessary to verify compliance with certification

standards and may conduct interviews with staff, others in the community, and clients (with client consent).

- 6303.8 The Department may conduct an on-site survey at the time of certification application or certification renewal, or at any other time during the period of certification.
- 6303.9 During an on-site survey, the Department shall have access to the entirety of records the Department deems necessary to verify compliance with certification standards, and may conduct interviews with staff, others in the community, and clients with consumer permission. Applicant or SUD provider interference with the on-site survey, or lack of candor by the provider, shall be grounds for an immediate suspension of any prior certification.
- 6303.10 An applicant or certified provider that fails to comply with this chapter, fails to comply with a Human Care Agreement, or violates Federal or District law, may receive a Statement of Deficiencies (“SOD”) from the Department. Evidence of violations gathered from an on-site survey, complaint, or other information may lead to the issuance of an SOD. An on-site survey is not required prior to the issuance of an SOD. The SOD shall describe the areas of non-compliance, suggest actions needed to bring operations into compliance with the certification standards, and set forth a timeframe for the provider’s submission of a written Corrective Action Plan (“CAP”). The issuance of an SOD is a separate process from the issuance of a Notice of Infraction. The Department is not required to utilize the Corrective Measures Plan (CMP) process and may proceed directly to decertification under Section 6305 when, in the Department’s discretion, the nature of the violations is for fraud, waste and abuse or presents a threat to the health or safety of clients.
- 6303.11 An applicant or Department-certified provider's CAP shall describe the actions to be taken and specify a timeframe for correcting the areas of non-compliance. The CAP shall be submitted to the Department within ten (10) working days after receipt of the SOD from the Department.
- 6303.12 The Department shall notify the applicant or certified provider whether the provider's CAP is accepted within ten (10) working days after receipt. In addition to utilizing the CMP process in Subsection 3401.6 during the certification and recertification stage, the Director may utilize the same procedures at any other time to address violations of this chapter, a provider's Human Care Agreement, or a violation of Federal or District law. The Department is not required to utilize the CMP process and may proceed directly to decertification under Section 3426 when, in the Director’s discretion, the nature of the violations present a threat to the health or safety of clients.

- 6303.13 The Department may only issue its certification after the Department verifies that the applicant or certified provider has remediated all of the deficiencies identified in the CAP and meets all the certification standards.
- 6303.14 The Department may grant full or provisional certification status to a SUD applicant after conducting on-site inspections and reviewing application materials, including plans of correction. A determination to grant full certification to a program shall be based on the Department's review and validation of the information provided in the application, as well as facility inspection findings, plans of correction, and the facility or program's compliance with this chapter. Full certification shall not exceed a period of two (2) years from the date of issuance, subject to the SUD provider's continuous compliance with these certification standards. Certification shall remain in effect until it expires, is renewed, changed to provisional, or revoked. The Certificate shall specify the effective dates of the certification.
- 6303.15 The Department may grant provisional certification to a new facility or program that can demonstrate substantial compliance with these certification requirements and (a) has not previously held a certification issued by the Department; or (b) is in the process of securing a facility within the District of Columbia at the time of application.
- 6303.16 Provisional certification shall not exceed a period of six (6) months and may be renewed only once for an additional period not to exceed ninety (90) days.
- 6303.17 Full Certification as an SUD treatment provider or recovery support services provider shall be for one (1) calendar year for new applicants and two (2) calendar years for existing providers seeking renewal. Certification shall start from the date of issuance of certification by the Department, subject to the provider's continuous compliance with these certification standards. Certification shall remain in effect until it expires, is renewed, or is revoked pursuant to this chapter. The certification shall specify the effective date of the certification, the program(s), level of care(s), and services that the provider is certified to provide.
- 6303.18 The SUD provider shall notify the Department within forty-eight (48) hours of any changes in its operation that affect the SUD provider's continued compliance with these certification standards, including changes in ownership or control, changes in service, and changes in its affiliation and referral arrangements.
- 6303.19 The Director may deny certification if the applicant fails to comply with any certification standard. The Director may revoke certification from a provider through the decertification process in accordance with § 6305 of this chapter.
- 6303.20 Prior to adding an SUD service during the term of certification, the SUD provider shall submit a certification application describing the service. Upon determination by Department that the service is in compliance with certification standards, the

Department may certify the SUD provider to provide that service. A provider that applies for certification during an open application period as published in the District of Columbia Register may appeal the denial of certification under this subsection by utilizing the procedures contained in Subsections 6305.4 through 6305.8. The Department shall not accept any applications for which a notice of moratorium is published in the District of Columbia Register.

- 6303.21 Nothing in these rules shall be interpreted to mean that certification is a right or an entitlement. New certification as an SUD provider depends upon the Director's assessment of the need for additional providers(s) and availability of funds.
- 6303.22 Certification shall be limited to the applicant granted the certification and shall be limited to the location and services as indicated on the certificate. Certification is not transferable to any other organization.
- 6303.23 Written notice of any change in the name or ownership of a program owned by an individual, partnership, or association, or in the legal or beneficial ownership of ten percent (10%) or more of the stock of a corporation that owns or operates program, shall be given to the Department at least thirty (30) calendar days prior to the change in ownership.
- 6303.24 The provider shall notify the Department in writing thirty (30) calendar days prior to implementing any of the following operational changes, including all aspects of the operations materially affected by the changes:
- (a) A proposed change in the program's geographic location;
 - (b) The proposed addition or deletion of major service components, which is anything that would alter or disrupt services where the consumer would be impacted by the change, or any change that would affect compliance with this regulation;
 - (c) A change in the required staff qualifications for employment;
 - (d) A proposed change in organizational structure;
 - (e) A proposed change in the population served; and
 - (f) A proposed change in program capacity and, for residential programs, a proposed change in bed capacity.
- 6303.25 Providers shall forward to the Department within thirty (30) calendar days all inspection reports conducted by an oversight body and all corresponding corrective actions taken regarding cited deficiencies.

6303.26 Providers shall immediately report to the Department any criminal allegations involving provider staff.

6303.27 The Department may consider a provider's accreditation by one or more national accrediting bodies as evidence of compliance with one or more certification standards in this chapter.

6304 CERTIFICATION: EXEMPTIONS FROM STANDARDS

6304.1 Upon good cause shown, including but not limited to a conflict between a certification standard and an SUD provider's third-party contract or agreement, the Department may exempt a provider from a certification standard if the exemption does not jeopardize the health and safety of clients, violates a client's rights, or otherwise conflict with the purpose and intent of these rules.

6304.2 If the Department approves an exemption, such exemption shall end on the expiration date of the program certification, or at an earlier date if specified by the Department, unless the provider requests renewal of the exemption prior to expiration of its certificate or the earlier date set by the Department.

6304.3 The Department may revoke an exemption that it determines is no longer appropriate.

6304.4 All requests for an exemption from certification standards must be submitted in writing to the Department.

6305 DECERTIFICATION PROCESS

6305.1 Decertification is the revocation of the certification issued by the Director to an organization or entity as an SUD treatment or recovery provider. A decertified SUD provider shall not provide any SUD treatment and shall not be reimbursed for any services as an SUD provider.

6305.2 Grounds for revocation include a provider's failure to comply with the certification requirements contained in this chapter, the provider's breach of its Human Care Agreement (if applicable), violations of Federal or District law, or any other action that constitutes a threat to the health or safety of clients. Nothing in this chapter requires the Director to issue an SOD prior to revoking certification.

6305.3 If the Director finds that there are grounds for revocation, the Director will issue a written notice of revocation setting forth the factual basis for the revocation, the effective date, and right to request an administrative review.

6305.4 The provider may request an administrative review from the Director within fifteen (15) business days of the date on the notice of revocation.

- 6305.5 Each request for an administrative review shall contain a concise statement of the reason(s) why the provider asserts that it should not have had its certification revoked and include any relevant supporting documentation.
- 6305.6 Each administrative review shall be conducted by the Director and shall be completed within fifteen (15) business days of the receipt of the provider's request.
- 6305.7 The Director shall issue a written decision and provide a copy to the provider. If the Director approves the revocation of the provider's certification, the provider may request a hearing under the D.C. Administrative Procedure Act, within fifteen (15) business days of the receipt of the Director's written decision. The administrative hearing shall be limited to the issues raised in the administrative review request. The revocation shall be stayed pending resolution of the hearing.
- 6305.8 Once certification is revoked, the SUD provider shall not be allowed to reapply for certification for a period of two (2) years following the date of the order of revocation. If a provider reapplies for certification, the provider must reapply in accordance with the established certification standards for the type of services provided and show evidence that the grounds for the revocation have been corrected.

6306 CLOSURES AND CONTINUITY OF CLIENT CARE

- 6306.1 A provider shall provide written notification to the Department at least ninety (90) calendar days prior to its impending closure, or immediately upon knowledge of an impending closure less than ninety (90) calendar days in the future. This notification shall include plans for continuity of care and preservation of client records.
- 6306.2 The Department shall review the continuity of care plan and make recommendations to the provider as needed. The plan should include provision for the referral and transfer of clients, as well as for the provision of relevant treatment information, medications, and information to the new provider. The provider shall incorporate all Department recommendations.
- 6306.3 Closure of a program does not absolve a provider from its legal responsibilities regarding the preservation and the storage of client records as described in Section 6321, Storage and Retention of Client Records, of these regulations and applicable, federal and District laws and regulations.
- 6306.4 A provider shall be responsible for the execution of its continuity of care plan in coordination with the Department.

6307 GENERAL MANAGEMENT AND ADMINISTRATION STANDARDS

- 6307.1 Each provider shall be established as a recognized legal entity in the United States and qualified to conduct business in the District. Evidence of qualification to conduct business includes a certificate of good standing or clean hands, or an equivalent document, issued by the District of Columbia Department of Consumer and Regulatory Affairs. Each provider shall maintain the clinical operations, policies, and procedures described in this section. These operations, policies and procedures shall be, reviewed and approved by the Department during the certification survey process. Providers certified or accredited by a national body, such as the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or the Joint Commission may apply for deemed status. To be considered for deemed status, a prospective provider submitting an application for certification must request "Deemed Status" on the certification application. Providers must also provide a current copy of their national accreditation certificate along with their most recent accreditation report. Deemed Status does not waive the requirement of service specific requirements and/or fiscal responsibility requirements.
- 6307.2 All certified providers shall report to the Department in a form and manner prescribed by the Department's policy on adverse events including abuse or neglect of client or any other event that may compromise the health, safety, and welfare of clients.
- 6307.3 Each provider shall:
- (a) Have a governing body, which shall have overall responsibility for the functioning of the provider;
 - (b) Comply with all applicable Federal and District laws and regulations;
 - (c) Hire personnel with the necessary qualifications in order to provide SUD treatment and recovery services and to meet the needs of its enrolled clients; and
 - (d) For SUD treatment, employ Qualified Practitioners to ensure provision of services as appropriate and in accordance with this chapter.
- 6307.4 Each treatment and recovery provider shall have a full time program director with authority and responsibility for the administrative direction and day-to-day operation of the program(s).
- 6307.5 Each treatment provider shall have a clinical director responsible for the full-time clinical direction and day-to-day delivery of clinical services provided to clients of the program(s). The clinical director must be a clinician who is licensed to practice independently in the District of Columbia and supervise other clinical staff.

- 6307.6 The program director and clinical director shall devote adequate time and authority to perform necessary duties to ensure that service delivery is in compliance with applicable standards set forth in this chapter and in applicable policies issued by the Department.
- 6307.7 Each provider shall establish and adhere to policies and procedures for selecting and hiring staff (Staff Selection Policy), including but not limited to requiring:
- (a) Evidence of licensure, certification, or registration, as applicable and as required by the job being performed;
 - (b) Evidence of completion of an appropriate degree, training program, or credentials, such as academic transcripts or a copy of degree;
 - (c) Evidence of all required criminal background checks, and for all unlicensed staff members, application of the criminal background check requirements contained in D.C. Official Code §§ 44-551 *et seq.*, Unlicensed Personnel Criminal Background Check, as well as child abuse registry checks for children and youth serving providers (for both state of residence and employment);
 - (d) Evidence, provided at least quarterly, that no individual is excluded from participation in a Federal health care program as listed on the Department of Health and Human Services List of Excluded Individuals/Entities (<http://oig.hhs.gov/fraud/exclusion.asp>) or the General Services Administration Excluded Parties List System, or any similar succeeding governmental list;
 - (e) Evidence of completion of communicable disease testing required by the Department; and
 - (f) Evidence of a mechanism for ongoing monitoring of excluded party listing status, and staff licensure/certification.
- 6307.8 Each provider shall establish and adhere to written job descriptions for all positions, including, at a minimum, the role, responsibilities, reporting relationships, and minimum qualifications for each position. The minimum qualifications established for each position shall be appropriate for the scope of responsibility and clinical practice (if any) described for each position.
- 6307.9 Each provider shall establish and adhere to policies and procedures requiring a periodic evaluation of clinical and administrative staff performance (Performance Review Policy) that requires an assessment of clinical competence (if appropriate), general organizational work requirements, and key functions as

described in the job description. The periodic evaluation shall also include an annual individual development plan for each staff member.

- 6307.10 Each provider shall establish and adhere to a supervision policy to ensure that services are provided according to this chapter and Department policies on supervision and service standards.
- 6307.11 Each provider shall establish and adhere to a training policy in accordance with § 6318 of this chapter.
- 6307.12 Personnel policies and procedures shall apply to all staff and volunteers working in a program and shall include:
- (a) Compliance with Federal and District equal opportunity laws, including the Americans with Disabilities Act and the D.C. Human Rights Act;
 - (b) A current organizational flow chart reflecting each program position and, where applicable, the relationship to the larger program or provider of which the program is a part;
 - (c) Written plans for developing, posting, and maintaining files pertaining to work and leave schedules, time logs, and on-call schedules for each functional unit, to ensure adequate coverage during all hours of operation;
 - (d) A written policy requiring that a designated individual be assigned responsibility for management and oversight of the volunteer program, if volunteers are utilized;
 - (e) A written policy regarding volunteer recruitment, screening, training, supervision, and dismissal for cause, if volunteers are utilized; and
 - (f) Provisions through which the program shall make available to staff a copy of the personnel policies and procedures.
- 6307.13 A program shall develop and implement procedures that prohibit the possession, use, or distribution of controlled substances or alcohol, or any combination of them, by staff during their duty hours, unless medically prescribed and used accordingly. Staff possession, use, or distribution of controlled substances or alcohol, or any combination of them, during off duty hours that affects job performance shall also be prohibited. These policies and procedures shall ensure that the provider:
- (a) Provides information about the adverse effects of the non-medical use and abuse of controlled substances and alcohol to all staff;

- (b) Initiates disciplinary action for the possession, use, or distribution of controlled substances or alcohol, which occurs during duty hours or which affects job performance; and
- (c) Provides information and assistance to any impaired staff member to facilitate his or her recovery.

6307.14 Individual personnel records shall be maintained for each person employed by a provider and shall include, at a minimum, the following:

- (a) A current job description for each person, that is revised as needed;
- (b) Evidence of a negative result on a tuberculosis test or medical clearance related to a positive result;
- (c) Evidence of the education, training, and experience of the individual, and a copy of the current appropriate license, registration, or certification credentials (if any);
- (d) Documentation that written personnel policies were distributed to the employee;
- (e) Notices of official tour of duty: day, evening, night, or rotating shifts; payroll information; and disciplinary records;
- (f) Documentation that the employee has received all health care worker immunizations as recommended by the Centers for Disease Control and Prevention (CDC); and
- (g) Criminal background checks as required in § 6307.7.

6307.15 All personnel records shall be maintained during the course of an individual's employment with the program and for three (3) years following the individual's separation from the program.

6308 EMPLOYEE CONDUCT

6308.1 All staff shall adhere to ethical standards of behavior in their relationships with clients as follows:

- (a) Staff shall maintain an ethical and professional relationship with clients at all times;
- (b) Licensed or certified staff must adhere to their professional codes of conduct, as required by District licensing laws;

- (c) Staff shall not enter into dual or conflicting relationships with individuals that might affect professional judgment, therapeutic relationships, or increase the risk of exploitation; and
- (d) The provider shall establish written policies and procedures regarding staff relationships with both current and former clients that are consistent with this section.

- 6308.2 No staff, including licensed professionals and volunteers, shall engage in sexual activities or sexual contact with clients.
- 6308.3 No clinical staff including licensed professionals and volunteers shall engage in sexual activities or sexual contact with former clients in accordance with their licensing regulations.
- 6308.4 No staff, including licensed professionals and support personnel, shall engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship.
- 6308.5 No staff, including licensed professionals and support personnel, shall provide services to individuals with whom they have had a prior sexual or other significant relationship.
- 6308.6 Staff shall only engage in appropriate physical contact with clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.
- 6308.7 No staff, including licensed professionals and support personnel, shall sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- 6308.8 No provider or employee of a provider shall be a representative payee for any person receiving services from a treatment or recovery program.

6309 QUALITY IMPROVEMENT

- 6309.1 Each provider shall establish and adhere to policies and procedures governing quality improvement (Quality Improvement Policy).
- 6309.2 The Quality Improvement Policy shall require the provider to adopt a written quality improvement (QI) plan describing the objectives and scope of its QI program and requiring provider staff, client, and family involvement in the QI program.

- 6309.3 The Department shall review and approve each provider's QI program at a minimum as part of the certification and recertification process. The QI program shall submit data to the Department, upon request.
- 6309.4 The QI program shall be operational and shall measure and ensure at least the following:
- (a) Easy and timely access and availability of services;
 - (b) Treatment and prevention of acute and chronic conditions;
 - (c) Close monitoring of high volume services, clients with high risk conditions, and services for children and youth;
 - (d) Coordination of care across behavioral health treatment and primary care treatment settings;
 - (e) Compliance with all certification standards;
 - (f) Adequacy, appropriateness, and quality of care for clients;
 - (g) Efficient utilization of resources;
 - (h) Client and family satisfaction with services;
 - (i) Quarterly random samplings of client outcomes, including but not limited to biological markers such as drug/alcohol screening results, in a format approved by the Department; and
 - (j) Any other indicators that are part of the Department QI program for the larger system.
- 6309.5 When a significant problem or quality of service issue is identified, the program shall notify the Department, act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.
- 6309.6 Providers certified or accredited by nationally-recognized bodies such as the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission, or the Council on Accreditation may submit their QI program accepted by that body to fulfill the requirements in § 6309.4

6310 FISCAL MANAGEMENT STANDARDS

- 6310.1 The provider shall have adequate financial resources to deliver all required services and shall provide documented evidence at the time of certification and recertification that it has adequate resources to operate a SUD program.

Documented evidence shall include a current financial statement reviewed and approved by the governing body.

- 6310.2 A provider shall have fiscal management policies and procedures and keep financial records in accordance with generally accepted accounting principles (GAAP).
- 6310.3 A provider shall include adequate internal controls for safeguarding or avoiding misuse of client or organizational funds.
- 6310.4 A provider shall have a uniform budget of expected revenue and expenses as required by the Department. The budget shall:
- (a) Categorize revenue by source;
 - (b) Categorize expenses by type of service;
 - (c) Estimate costs by unit of service; and
 - (d) Be reviewed and approved by the provider's governing authority prior to the beginning of the current fiscal year.
- 6310.5 A program shall have the capacity to determine direct and indirect costs for each type of service provided.
- 6310.6 If a program charges for services, the written schedule of rates and charges shall be conspicuously posted and available to staff, clients, and the general public.
- 6310.7 The current schedule of rates and charges shall be approved by the provider's governing authority.
- 6310.8 A provider shall maintain a reporting mechanism that provides information to its governing body on the fiscal performance of the provider at least quarterly.
- 6310.9 Fiscal reports shall provide information on the relationship of the budget to actual spending, including revenues and expenses by category and an explanation of the reasons for any substantial variance.
- 6310.10 The provider's governing body shall review each fiscal report and document recommendations and actions in its official minutes.
- 6310.11 Every three (3) years, each provider with a Human Care Agreement shall have an audit by an independent certified public accountant or certified public accounting firm, and the resulting audit report shall be consistent with formats recommended by the American Institute of Certified Public Accountants (AICPA). A copy of the audit report and management letter shall be submitted to the Department

within one-hundred-twenty (120) calendar days after the close of the program's fiscal year.

6310.12 Providers shall correct or resolve adverse audit findings.

6310.13 A provider shall have policies and procedures regarding:

- (a) Purchase authority, product selection and evaluation, property control and supply, storage, and distribution;
- (b) Billing;
- (c) Controlling accounts receivable;
- (d) Handling cash;
- (e) Management of client fund accounts;
- (f) Arranging credit; and
- (g) Applying discounts and write-offs.

6310.14 All business records pertaining to costs, payments received and made, and services provided to clients shall be maintained for a period of six (6) years or until all audits and ongoing litigations are complete, whichever is longer.

6310.15 All providers must maintain proof of liability insurance coverage, which must include malpractice insurance of at least three million dollars (\$3,000,000) aggregate and one million dollars (\$1,000,000) per incident and comprehensive general coverage of at least three million dollars (\$3,000,000) per incident that covers general liability, vehicular liability, and property damage. The insurance shall include coverage of all personnel, consultants, or volunteers working for the program.

6310.16 If a program handles client funds, financial record keeping shall provide for separate accounting of those client funds.

6310.17 A provider shall ensure that clients employed by the organization are paid in accordance with all applicable laws governing labor and employment.

6310.18 All money earned by a client shall accrue to the sole benefit of that individual and be provided to the client or the client's legal representative upon discharge or sooner.

6311 ADMINISTRATIVE PRACTICE ETHICS

- 6311.1 All programs shall operate in an ethical manner, including but not limited to complying with the provisions of this section.
- 6311.2 A program shall not use any advertising that contains false, misleading, or deceptive statements or claims or that contains false or misleading information about fees.
- 6311.3 A program shall not offer or imply to offer services not authorized on the certification issued by the Department.
- 6311.4 A program shall not offer or pay any remuneration, directly or indirectly, to encourage a licensed practitioner to refer a client to them.
- 6311.5 All employees shall be kept informed of policy changes that affect performance of duties.
- 6311.6 Allegations of ethical violations must be treated as major unusual incidents.
- 6311.7 Any research must be conducted in accordance with Federal law.

6312 PROGRAM POLICIES AND PROCEDURES

6312.1 Each provider must document the following:

- (a) Organization and program mission statement, philosophy, purpose, and values;
- (b) Organizational structure;
- (c) Leadership structure;
- (d) Program relationships;
- (e) Staffing;
- (f) Relationships with parent organizations, affiliated organizations, and organizational partners;
- (g) Treatment philosophy and approach;
- (h) Services provided;
- (i) Characteristics and needs of the population served;
- (j) Performance metrics, including intended outcomes and process methods;
- (k) Contract services, if any;
- (l) Affiliation agreements, if any;
- (m) The scope of volunteer activities and rules governing the use of volunteers, if any;
- (n) Location of service sites and specific designation of the geographic area to be served; and
- (o) Hours and days of operation of each site.

6312.2 Each program shall establish written policies and procedures to ensure each of the following:

- (a) Service provision based on the individual needs of the client;
- (b) Consideration of special needs of the individual and the program's population of focus;

- (c) Placement of clients in the least restrictive setting necessary to address the severity of the individual's presenting illness and circumstances; and
- (d) Facilitation of access to other more appropriate services for individuals who do not meet the criteria for admission into a program offered by the provider.

6312.3 Each program shall develop and document policies and procedures subject to review by the Department related to each of the following:

- (a) Program admission and exclusion criteria;
- (b) Termination of treatment and discharge or transition criteria;
- (c) Outreach;
- (d) Infection control procedures and use of universal precautions, addressing at least those infections that may be spread through contact with bodily fluids and routine tuberculosis screening for staff;
- (e) Volunteer utilization, recruitment, and oversight;
- (f) Crisis intervention and medical emergency procedures;
- (g) Safety precautions and procedures for participant volunteers, employees, and others;
- (h) Record management procedures in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR, Part 2, this chapter, and any other District laws and regulations regarding the confidentiality of client records;
- (i) The on-site limitations on use of tobacco, alcohol, and other substances;
- (j) Clients' rules of conduct and commitment to treatment regimen, including restrictions on carrying weapons and specifics of appropriate behavior while in or around the program;
- (k) Clients' rights;
- (l) Addressing and investigating major unusual incidents;
- (m) Addressing client grievances;
- (n) Addressing issues of client non-compliance with established treatment regimen and/or violation of program policies and requirements; and

- (o) The purchasing, receipt, storage, distribution, return, and destruction of medication, including accountability for and security of medications located at any of its service site(s) (a Medication Policy).

6312.4 Gender-specific programs shall ensure that staff of that specific gender is in attendance at all times when clients are present.

6313 EMERGENCY PREPAREDNESS PLAN

6313.1 Each provider shall establish and adhere to a written disaster evacuation and continuity of operations plan in accordance with the Department policy on Disaster Evacuation/Continuity of Operations Plans.

6313.2 A provider shall immediately notify the Department and implement its continuity of operations plan if an imminent health hazard exists because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, gross unsanitary conditions, or other circumstances that may endanger the health, safety, or welfare of its clients.

6314 FACILITIES MANAGEMENT

6314.1 A provider shall establish and maintain a safe environment for its operation, including adhering to the following provisions:

- (a) Each provider's service site(s) shall be located and designed to provide adequate and appropriate facilities for private, confidential individual and group counseling/therapy sessions;
- (b) Each provider's service site(s) shall have appropriate space for group activities and educational programs;
- (c) In-office waiting time shall be less than one (1) hour from the scheduled appointment time. Each program shall also demonstrate that it can document the time period for in-office waiting;
- (d) Each provider shall comply with applicable provisions of the Americans with Disabilities Act in all business locations;
- (e) Each service site shall be located within reasonable walking distance of public transportation;
- (f) Providers shall maintain fire safety equipment and establish practices to protect all occupants. This shall include clearly visible fire extinguishers, with a charge, that are inspected annually by a qualified service company or trained staff member; and

- (g) Each provider shall annually obtain a written certificate of compliance from the District of Columbia Department of Fire and Emergency Medical Services indicating that all applicable fire and safety code requirements have been satisfied for each facility.
- 6314.2 Each window that opens shall have a screen.
- 6314.3 Each rug or carpet in a facility shall be securely fastened to the floor or shall have a non-skid pad.
- 6314.4 Each hallway, porch, stairway, stairwell, and basement shall be kept free from any obstruction at all times.
- 6314.5 Each ramp or stairway used by a client shall be equipped with a firmly secured handrail or banister.
- 6314.6 Each provider shall maintain a clean environment free of infestation and in good physical condition, and each facility shall be appropriately equipped and furnished for the services delivered.
- 6314.7 Each provider shall properly maintain the outside and yard areas of the premises in a clean and safe condition.
- 6314.8 Each exterior stairway, landing, and sidewalk used by clients shall be kept free of snow and ice.
- 6314.9 Each facility shall be located in an area reasonably free from noxious odors, hazardous smoke and fumes, and where interior sounds may be maintained at reasonably comfortable levels.
- 6314.10 A provider shall take necessary measures to ensure pest control, including:
- (a) Refuse shall be stored in covered containers that do not create a nuisance or health hazard; and
 - (b) Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.
- 6314.11 A provider shall ensure that medical waste is stored, collected, transported, and disposed of in accordance with applicable District and Federal laws and guidelines from the CDC.
- 6314.12 Each provider shall ensure that its facilities have comfortable lighting, proper ventilation, and moisture and temperature control. Rooms shall be dry and the

temperature shall be maintained within a normal comfort range, including bedrooms and activity rooms below ground level.

- 6314.13 Each facility shall have potable water available for each client.
- 6314.14 No smoking shall be allowed inside a program's facility.
- 6314.15 Providers' physical design and structure shall be sufficient to accommodate staff, participants, and functions of the program(s), and shall make available the following:
- (a) A reception area;
 - (b) Private areas for individual treatment services;
 - (c) A private area(s) for group counseling/therapy and other group activities;
 - (d) An area(s) for dining, if applicable; and
 - (e) Separate bathrooms and/or toilet facilities in accordance with District law where the:
 - (1) Required path of travel to the bathroom shall not be through another bedroom;
 - (2) Windows and doors provide privacy; and
 - (3) Showers and toilets not intended for individual use provide privacy.
- 6314.16 If activity space is used for purposes not related to the program's mission, the program shall ensure that:
- (a) The quality of services is not reduced;
 - (b) Activity space in use by other programs shall not be counted as part of the required activity space; and
 - (c) Client confidentiality is protected, as required by 42 CFR part 2 and other applicable Federal and District laws and regulations.
- 6314.17 The use of appliances such as televisions, radios, CD players, recorders and other electronic devices shall not interfere with the therapeutic program.
- 6314.18 Each facility shall maintain an adequately supplied first-aid kit which:

- (a) Shall be maintained in a place known and readily accessible to clients and employees; and
- (b) Shall be adequate for the number of persons in the facility.

6314.19 Each provider shall post emergency numbers near its telephones for fire, police, and poison control, along with contact information and directions to the nearest hospital.

6314.20 A provider shall have an interim plan addressing safety and continued service delivery during construction.

6314.21 Residential treatment and recovery programs shall comply with all applicable construction codes and housing codes and zoning requirements applicable to the facility, including all Certificate of Occupancy, Basic Business License (BBL) and Construction Permit requirements.

6314.22 Each newly established Residential treatment and recovery program shall provide proof of a satisfactory pre-certification inspection by DCRA for initial certification, dated not more than forty-five (45) days prior to the date of submission to Department, for District of Columbia Property Maintenance Code (12-G DCMR) and Housing Code (14 DCMR) compliance, including documentation of the inspection date and findings and proof of abatement certified by DCRA of all deficiencies identified during the inspection. This requirement can be met by submission of a Certificate of Occupancy or a BBL dated within the past six (6) months, provided that that applicant can demonstrate that DCRA performed an onsite inspection of the premises.

6314.23 For existing residential treatment and recovery programs that are applying for re-certification, the applicants shall also provide proof of current BBLs.

6314.24 For both initial certification and re-certification, if the facility has had work done requiring a DCRA building permit or other related permits such as plumbing or electrical within the twelve (12) months prior to application for initial certification or re-certification, the applicant shall also submit copies of the DCRA permits and post-work inspection approvals.

6315 MEDICATION STORAGE AND ADMINISTRATION STANDARDS

6315.1 Controlled substances shall be maintained in accordance with applicable District and Federal laws and regulations.

6315.2 An SUD treatment program shall implement written policies and procedures to govern the acquisition, safe storage, prescribing, dispensing, labeling, administration, and the self-administration of medication, including medications clients may bring into the program shall have a record of the prescribing

physician's order or approval prior to the administration or self-administration of medication.

- 6315.3 Any prescribed medication brought into a facility by a client shall not be administered or self-administered until the medication is identified and the attending practitioner's written order or approval is documented in the client record.
- 6315.4 Verbal orders may only be given by the attending practitioner to another practitioner, physician assistant, nurse, or pharmacist. Verbal orders shall be noted in the client's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours.
- 6315.5 Verbal orders may only be given by the attending practitioner to another practitioner, physician assistant, registered nurse, or pharmacist for the administration of controlled substances. Verbal orders shall be noted in the client's record as such and countersigned and dated by the prescribing practitioner within twenty-four (24) hours.
- 6315.6 Medication, both prescription and over-the-counter, brought into a facility must be packaged and labeled in accordance with District and Federal laws and regulations.
- 6315.7 Medication, both prescription and over-the-counter, brought into a facility by a client that is not approved by the attending practitioner shall be packaged, sealed, stored, and returned to the client upon discharge.
- 6315.8 The administration of medications, excluding self-administration, shall be permitted only by licensed individuals pursuant to applicable District laws and regulations.
- 6315.9 Medications shall be administered only in accordance with the prescribing practitioner's order.
- 6315.10 Only a registered nurse, practitioner, or physician assistant shall administer controlled substances or injectable drugs, excluding insulin.
- 6315.11 Program staff responsible for supervision of the self-administration of medication shall document consultations with a practitioner, pharmacist, registered nurse, or referral to appropriate reference material regarding the action and possible side effects or adverse reactions of each medication under their supervision.
- 6315.12 As applicable, a program shall provide training to the staff designated to supervise the self-administration of medication. The training shall include but not be limited to the expected action of and adverse reaction to the self-administered medication.

- 6315.13 Only trained staff shall be responsible for observing the self-administration of medication.
- 6315.14 A program shall ensure that medication is available to clients as prescribed.
- 6315.15 A program shall maintain records that track and account for all medication, ensuring the following:
- (a) That each client receiving medication shall have a medication administration record, which includes the individual's name, the name of medication, the type of medication (classification), the amount of medication, the dose and frequency of administration/self-administration, and the name of staff who administered or observed the self-administration of the medication;
 - (b) That documentation shall include omission and refusal of medication administration;
 - (c) That the medication administration record shall note the amount of medication originally present and the amount remaining;
 - (d) That documentation of medication administration shall include over-the-counter drugs administered or self-administered; and
 - (e) That SUD treatment programs administering controlled substances, including but not limited to methadone, shall follow the requirements of applicable Federal and District laws and regulations.
- 6315.16 An attending practitioner shall be notified immediately of any medication error or adverse reaction. The staff responsible for the medication error shall complete an incident report, and the practitioner's recommendations and subsequent actions taken by the program shall be documented in the client record.
- 6315.17 A program shall have written policies and procedures on how medications are obtained and stored.
- 6315.18 A program shall ensure that all medications, including those that are self-administered, are secured in locked storage areas.
- 6315.19 The locked medication area shall provide for separation of internal and external medications.
- 6315.20 A program shall maintain a list of personnel who have access to the locked medication area and, where applicable, are qualified to administer medication.
- 6315.21 A program shall comply with all District and Federal laws concerning the

acquisition and storage of pharmaceuticals.

- 6315.22 Each client's medication shall be properly labeled as required by District and Federal laws and regulations, shall be stored in its original container, and shall not be transferred to another container or taken by persons other than the person for whom it was originally prescribed.
- 6315.23 Medications requiring refrigeration shall be maintained in a separate and secure refrigerator, labeled "FOR MEDICATION ONLY" and shall be maintained at a temperature between thirty-six degrees Fahrenheit (36°F) and forty-six degrees Fahrenheit (46°F). All refrigerators shall have thermometers, which are easily readable, in proper working condition, and accurate within a range of plus or minus two (2) degrees.
- 6315.24 A program shall conspicuously post in the drug storage area the following information:
- (a) Telephone numbers for the regional Poison Control Center; and
 - (b) Metric-apothecaries weight and conversion measure charts.
- 6315.25 A program shall conduct monthly inspections of all drug storage areas to ensure that medications are stored in compliance with District and Federal regulations. The program shall maintain records of these inspections for verification.
- 6315.26 Where applicable, the program shall implement written policies and procedures for the control of stock pharmaceuticals.
- 6315.27 The receipt and disposition of stock pharmaceuticals must be accurately documented as follows:
- (a) Invoices from companies or pharmacies shall be maintained to document the receipt of stock pharmaceuticals;
 - (b) A log shall be maintained for each stock pharmaceutical that documents receipt and disposition; and
 - (c) At least quarterly, each stock pharmaceutical shall be reconciled as to the amount received and the amount dispensed.
- 6315.28 A program shall implement written procedures and policies for the disposal of medication.
- 6315.29 Any medication left by the client at discharge shall be destroyed within thirty (30) calendar days after the client has been discharged, with the exception of Methadone and other controlled substances which must be returned to the point of

issue or destroyed in accordance with Federal regulations.

6315.30 The disposal of all medications shall be witnessed and documented by two (2) staff members.

6315.31 Medication administration training shall be facilitated by the following Qualified Practitioners, as led by signature and date on the training certificate and in accordance with

- (a) Qualified Physicians;
- (b) APRNs; or
- (c) RNs.

6316 VEHICLE ENVIRONMENTAL AND SAFETY STANDARDS

6316.1 A provider shall implement measures to ensure the safe operation of its transportation service, if applicable. These measures shall include, but are not limited to:

- (a) Automobile insurance with adequate liability coverage;
- (b) Regular inspection and maintenance of vehicles, as required by law;
- (c) Adequate first aid supplies and fire suppression equipment secured in the vehicles;
- (d) Training of vehicle operators in emergency procedures and in the handling of accidents and road emergencies; and
- (e) Verification to ensure that vehicles are operated by properly licensed drivers with driving records that are absent of serious moving violations, including but not limited to “Driving under the Influence” (DUI).

6317 FOOD AND NUTRITION STANDARDS

6317.1 The provisions of this section apply to any provider that prepares or serves food.

6317.2 All programs that prepare food shall have a current Certified Food Protection Manager (CFPM) certification from the Department of Health, and the CFPM must be present whenever food is prepared and served.

6317.3 The provider shall require each CFPM to monitor any staff members who are not certified as CFPMs in the storage, handling, and serving of food and in the

cleaning and care of equipment used in food preparation in order to maintain sanitary conditions at all times.

- 6317.4 The kitchen, dining, and food storage areas shall be kept clean, orderly, and protected from contamination.
- 6317.5 A program providing meals shall maintain a fully equipped and supplied code-compliant kitchen area unless meals are catered by an organization licensed by the District to serve food.
- 6317.6 A program may share kitchen space with other programs if the accommodations are adequate to perform required meal preparation for all programs using the kitchen.
- 6317.7 Each food and drink item procured, stored, prepared, or served by the facility shall be clean, free from spoilage, prepared in a manner that is safe for human consumption, and protected from contamination.
- 6317.8 Dishes, cooking utensils, and eating utensils shall be cleaned after each meal and stored to maintain their sanitary condition.
- 6317.9 Hot and cold water, soap, and disposable towels shall be provided for hand washing in or adjacent to food preparation areas.
- 6317.10 Each facility shall maintain adequate dishes, utensils, and cookware in good condition and in sufficient quantity for the facility.

6318 PERSONNEL TRAINING STANDARDS

- 6318.1 SUD provider staff shall have annual training that meets the Occupational Safety & Health Administration (OSHA) regulations that govern behavioral health facilities and any other applicable infection control guidelines, including use of universal precaution and avoiding exposure to hepatitis, tuberculosis, and HIV.
- 6318.2 A treatment program shall have at least two (2) staff persons, trained and certified by a nationally recognized authority that meets OSHA guidelines for basic first aid and cardiopulmonary resuscitation (CPR), present at all times during the hours of operation of the program. An SUD recovery program shall have at least one (1) staff person trained and certified by a recognized authority that meets OSHA guidelines in basic first aid and CPR present at all times during the hours of operation of the program.
- 6318.3 A program shall have a current written plan for staff development and organizational onboarding, approved by the Department which reflects the training and performance improvement needs of all employees working in that program. The plan should address the steps the organization will take to ensure

the recruitment and retention of highly qualified employees and the reinforcement of staff development through training, supervision, the performance management process, and activities such as shadowing, mentoring, skill testing and coaching. The plan should minimally include training and onboarding activities in the following core areas:

- (a) The program's approach to addressing treatment or recovery services (as appropriate to its certification), including philosophy, goals and methods;
- (b) The staff member's specific job description and role in relationship to other staff;
- (c) The emergency preparedness plan and all safety-related policies and procedures;
- (d) The proper documentation of services in individual consumer records, as applicable;
- (e) Policies and procedures governing infection control, protection against exposure to communicable diseases, and the use of universal precautions;
- (f) Laws and policies governing confidentiality, of client information and release of information, including 42 CFR part 2;
- (g) Laws and policies governing reporting abuse and neglect;
- (h) Client rights; and
- (i) Other trainings directed by the Department.

6319 CLIENT RIGHTS AND PRIVILEGES, INCLUDING GRIEVANCES

6319.1 A program shall protect the following rights and privileges of each client:

- (a) Right to be admitted and receive services in accordance with the Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code §§ 2501 *et seq.*);
- (b) Right to make choices regarding provider, treatment, medication, and advance directives, when necessary;
- (c) Right to receive prompt evaluation, care, and treatment, in accordance with the highest quality standards;
- (d) Right to receive services and live in healthy, safe, and clean place;

- (e) Right to be evaluated and cared for in the least restrictive and most integrated environment appropriate to an individual's needs;
- (f) Right to participate in the treatment planning process, including decisions concerning treatment, care, and other services, and to receive a copy of the treatment plan;
- (g) Right to have records kept confidential;
- (h) Right to privacy;
- (i) Right to be treated with respect and dignity in a humane treatment environment;
- (j) Right to be safe from harm and from verbal, physical, or psychological abuse;
- (k) Right to be free of discrimination;
- (l) Right to be paid commensurate wages for work performed in compliance with applicable District or Federal requirements;
- (m) Right to own personal belongings;
- (n) Right to refuse treatment and/or medication;
- (o) Right to give, not give, or revoke already-given consent to treatment, supports and/or release of information;
- (p) Right to give, not give, or revoke informed, voluntary, written consent to participate in experimentation of the client or a person legally authorized to act on behalf of the client; the right to protection associated with such participation; and the right and opportunity to revoke such consent;
- (q) Right to be informed, in advance, of charges for services;
- (r) Right to be afforded the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;
- (s) Right to request and receive documentation on the performance track record of a program with regard to treatment outcomes and success rates;
- (t) Right to provide feedback on services and supports, including evaluation of providers;
- (u) Right to assert grievances with respect to infringement of these rights,

including the right to have such grievances considered in a fair, timely, and impartial manner;

- (v) Right to receive written and oral information on client rights, privileges, program rules, and grievance procedures in a language understandable to the client;
- (w) Right to access services that are culturally appropriate, including the use of adaptive equipment, sign language, interpreter, or translation servers, as appropriate; and
- (x) Right to vote.

6319.2 As soon as clinically feasible, the limitation of a client's rights shall be terminated and all rights restored.

6319.3 A program shall post conspicuously a statement of client rights, program rules, and grievance procedures. The grievance procedures must inform clients that they may report any violations of their rights to the Department and shall include the telephone numbers of the Department and any other relevant agencies for the purpose of filing complaints.

6319.4 At the time of admission to a program, staff shall explain program rules, client rights, and grievance procedures. Program staff shall document this explanation by including a form, signed by the client and witnessed by the staff person, within the client's record.

6319.5 A program shall develop and implement written grievance procedures to ensure a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality. The procedures shall be consistent with the principles of due process and Department requirements and shall include but not be limited to:

- (a) Reporting the allegation or incident to the Department within twenty-four (24) hours of it coming to the attention of program staff;
- (b) The completion of the investigation of any allegation or incident within thirty (30) calendar days;
- (c) Providing a copy of the investigation report to the Department within twenty-four (24) hours of completing the investigation of any complaint; and
- (d) Cooperating with the Department in completion of any inquiries related to clients' rights conducted by Department staff.

6319.6 Medicaid beneficiaries are entitled to Notice and Appeal rights pursuant to

Section 2508 of Title 29 DCMR in cases of intended adverse action such as an action to deny, discontinue, terminate, or change the manner or form of Medicaid-funded SUD services.

6320 CLIENT RECORDS MANAGEMENT AND CONFIDENTIALITY

- 6320.1 A program shall create and maintain an organized record for each person receiving service at the agency or its extended service sites.
- 6320.2 All records must be secured in a manner that provides protection from unauthorized disclosure, access, use, or damage in accordance with both District and Federal law.
- 6320.3 All client records shall be kept confidential and shall be handled in compliance with "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR part 2, and both Federal and District laws and regulations regarding the confidentiality of client records.
- 6320.4 Each provider shall have a designated privacy officer responsible for ensuring compliance with privacy requirements.
- 6320.5 A program shall ensure that all staff and clients, as part of their orientation, are made aware of the privacy requirements.
- 6320.6 A decision to disclose protected health information (PHI), under any provisions of District or Federal rules that permit such disclosure, shall be made only by the Privacy Officer or his/her designee with appropriately administered consent procedures.
- 6320.7 A program shall implement policies and procedures for the release of identifying information consistent with Federal and District laws and regulations regarding the confidentiality of client records including "Confidentiality of Alcohol and Drug Abuse Patient Records" 42 CFR part 2, the District of Columbia Mental Health Information Act, and the Health Insurance Portability and Accountability Act (HIPAA). A provider with a contract with the Department shall ensure its policies and procedures comply with the Department's Privacy Policy.
- 6320.8 The program shall encourage all enrolled clients to authorize the release of information to other certified providers, primary health care providers and other health care organizations engaged in treating the client in order to facilitate treatment and coordination of care.
- 6320.9 The program director shall designate a staff member to be responsible for the maintenance and administration of records.
- 6320.10 A program shall arrange and store records according to a uniform system approved by the Department.

6320.11 A program shall maintain records such that they are readily accessible for use and review by authorized staff and other authorized parties.

6320.12 A program shall organize the content of records so that information can be located easily and so that Department surveys and audits can be conducted with reasonable efficiency.

6321 STORAGE AND RETENTION OF CLIENT RECORDS

6321.1 A program shall retain client records (either original or accurate reproductions) until all litigation, adverse audit findings, or both, are resolved. If no such conditions exist, a program shall retain client records for at least six (6) years after discharge.

6321.2 Records of minors shall be kept for at least six (6) years after such minor has reached the age of eighteen (18) years.

6321.3 The provider shall establish a Document Retention Schedule with all medical records retained in accordance with District and Federal law.

6321.4 The client or legal guardian shall be given a written statement concerning client's rights and responsibilities ("Client's Rights Statement") in the program. The client or guardian shall sign the statement attesting to his or her understanding of these rights and responsibilities as explained by the staff person who shall witness the client's signature. This document shall be placed in the client's record.

6321.5 If the records of a program are maintained on computer systems, the database shall:

- (a) Have a backup system to safeguard the records in the event of operator or equipment failure, natural disasters, power outages, and other emergency situations;
- (b) Identify the name of the person making each entry into the record;
- (c) Be secure from inadvertent or unauthorized access to records in accordance with 42 CFR part 2 "Confidentiality of Alcohol and Drug Abuse Patient Records," and District laws and regulations regarding the confidentiality of client records;
- (d) Limit access to providers who are involved in the care of the client and who have permission from the client to access the record; and
- (e) Create an electronic trail when data is released.

- 6321.6 A program shall maintain records that safeguard confidentiality in the following manner:
- (a) Records shall be stored with access controlled and limited to authorized staff and authorized agents of the Department;
 - (b) Written records that are not in use shall be maintained in either a secured room, locked file cabinet, safe, or other similar container;
 - (c) The program shall implement policies and procedures that govern client access to their own records;
 - (d) The policies and procedures of a program shall only restrict a client's access to their record or information in the record after an administrative review with clinical justification has been made and documented;
 - (e) Clients shall receive copies of their records as permitted under 42 CFR Part 2;
 - (f) All staff entries into the record shall be clear, complete, accurate, and recorded in a timely fashion;
 - (g) All entries shall be dated and authenticated by the recorder with full signature and title;
 - (h) All non-electronic entries shall be typewritten or legibly written in indelible ink that will not deteriorate from photocopying;
 - (i) Any documentation error shall be marked through with a single line and initialed and dated by the recorder; and
 - (j) Limited use of symbols and abbreviations shall be pre-approved by the program and accompanied by an explanatory legend.

6321.7 Any records that are retained off-site must be kept in accordance with this chapter. If an outside vendor is used, the provider must submit the vendor's name, address, and telephone number to the Department.

6322 CLIENT RECORD CONTENTS

6322.1 At a minimum, all client records shall include:

- (a) Documentation of the referral and initial screening interview and its findings;
- (b) The individual's consent to treatment;

- (c) The Client's Rights Statement;
- (d) Documentation that the client received:
 - (1) An orientation to the program's services, rules, confidentiality, and client's rights; and
 - (2) Notice of privacy practices.
- (e) Confidentiality forms and releases signed to permit the facility to obtain and/or release information;
- (f) Diagnostic interview and assessment record, including any Department-approved screening and assessment tools;
- (g) Evaluation of medical needs and, as applicable, medication intake sheets and special diets which shall include:
 - (1) Documentation of physician's orders for medication and treatment, change of orders, and/or special treatment evaluation; and
 - (2) For drugs prescribed following admissions, any prescribed drug product by name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed;
 - (3) For any prescribed over-the-counter (OTC) medications following admissions, any OTCs by product name, dosage, and strength, as well as date(s) medication was administered, discontinued, or changed;
- (h) Assessments and individual treatment plans pursuant to the level of care and the client's needs, including recovery plans, if applicable;
- (i) Encounter notes, which provide sufficient written documentation to support each therapy, service, activity, or session for which billing is made that, at a minimum, consists of:
 - (1) The specific service type rendered;
 - (2) Dated and authenticated entries with their authors identified, that include the duration, and actual time (beginning and ending as well as a.m. or p.m.), during which the services were rendered;

- (3) Name, title, and credentials (if applicable) of the person providing the services;
 - (4) The setting in which the services were rendered;
 - (5) Confirmation that the services delivered are contained in the client's treatment or recovery plan and are identified in the encounter note;
 - (6) A description of each encounter or intervention provided to the client, which is sufficient to document that the service was provided in accordance with this chapter;
 - (7) A description of the client's response to the intervention sufficient to show, particularly in the case of group interventions, their unique participation in the service; and
 - (8) Provider's observations.
- (j) Documentation of all services provided to the client as well as activities directly related to the individual treatment or recovery plan that are not included in encounter notes;
 - (k) Documentation of missed appointments and efforts to contact and reengage the client;
 - (l) Emergency contact information of individuals to contact in case of a client emergency with appropriate consent to share information;
 - (m) Documentation of all referrals to other agencies and the outcome of such referrals;
 - (n) Documentation establishing all attempts to acquire necessary and relevant information from other sources;
 - (o) Pertinent information reported by the client, family members, or significant others regarding a change in the individual's condition and/or an unusual or unexpected occurrence in the client's life;
 - (p) Drug test results and incidents of drug use;
 - (q) Discharge summary and aftercare plan;
 - (r) Outcomes of care and follow-up data concerning outcomes of care;

- (s) Documentation of correspondence with other medical, community providers, social service, and criminal justice entities as it pertains to a client's treatment and/or recovery; and
- (t) Documentation of a client's representative payee or legal guardian, as applicable.

6323 RESIDENTIAL TREATMENT AND RECOVERY PROGRAMS

- 6323.1 The provisions of this section apply only to residential treatment programs and residential recovery support service (environmental stability) programs, as defined by this chapter.
- 6323.2 Each residential provider must obtain a Certificate of Need (CON), from the District of Columbia of Columbia State Health Planning and Development Agency (SHPDA).
- 6323.3 The CON must be submitted as part of the Certification application packet.
- 6323.4 Each residential treatment programs serving children and youth under eighteen (18) must obtain written approval from Office of the State Superintendent of Education (OSSE).
- 6323.5 Residential facilities' physical design and structure shall be sufficient to accommodate staff, clients, and functions of the program and shall make available an area(s) for indoor social and recreational activities.
- 6323.6 A program that provides overnight accommodations shall not operate more beds than the number for which it is authorized by the Department.
- 6323.7 Other than routine household duties, no client shall be required to perform unpaid work.
- 6323.8 Upon admission to a residential program, each client shall be provided a copy of the program's house rules.
- 6323.9 Each residential program shall have house rules consistent with this chapter and that include, at a minimum, rules concerning:
 - (a) The use of tobacco;
 - (b) The use of the telephone;
 - (c) Viewing or listening to television, radio, computer usage, CDs, DVDs, or other media such as social media;

- (d) Movement of clients in and out of the facility, including a requirement for escorted movements by program staff or another agency approved escort and a search policy and drug testing upon return to the facility; and
 - (e) The prohibition of sexual relations between staff and clients.
- 6323.10 Each residential program shall be equipped, furnished, and maintained to provide a functional, safe, and comfortable home-like setting.
- 6323.11 The dining area shall have a sufficient number of tables and chairs to seat all individuals residing in the facility at the same time. Dining chairs shall be sturdy, non-folding, without rollers unless retractable, and designed to minimize tilting.
- 6323.12 Each residential program shall permit each client to bring reasonable personal possessions, including clothing and personal articles, to the facility unless the provider can demonstrate that it is not practical, feasible, or safe.
- 6323.13 Each residential facility shall provide clients with access to reasonable individual storage space for private use.
- 6323.14 Upon each client's discharge from a residential program, the provider shall return to the client, or the client's representative, any personal articles of the client held by the provider for safekeeping. The provider shall also ensure that the client is permitted to take all of his or her personal possessions from the facility. The provider may require the client or client's representative to sign a statement acknowledging receipt of the property. A copy of that receipt shall be placed in the client's record.
- 6323.15 Each residential program shall maintain a separate and accurate record of all funds that the client or the client's representative or representative payee deposits with the provider for safekeeping. This record shall include the signature of the client for each withdrawal and the signature of facility staff for each deposit and disbursement made on behalf of a client.
- 6323.16 Each residential facility shall be equipped with a functioning landline or mobile telephone for use by clients. The telephone numbers shall be provided to residents and to the Department.
- 6323.17 Staff bedrooms shall be separate from resident bedrooms and all common living areas.
- 6323.18 Each facility housing a residential program shall have a functioning doorbell or knocker.
- 6323.19 Each bedroom shall comply with the space and occupancy requirements for habitable rooms in 14 DCMR § 402.

- 6323.20 The provider shall ensure each client has the following items:
- (a) A bed, which shall not be a cot;
 - (b) A mattress that was new when purchased by the provider, has a manufacturer's tag or label attached to it, and is in good, intact condition with unbroken springs and clean surface fabric;
 - (c) A bedside table or cabinet and an individual reading lamp with at least a seventy-five (75) watt, or its LED light bulb equivalent, rate of capacity;
 - (d) Storage space in a stationary cabinet, chest, or closet that provides at least one (1) cubic foot of space for each client for valuables and personal items;
 - (e) Sufficient suitable storage space, including a dresser and closet space, for personal clothing, shoes, accessories, and other personal items; and
 - (f) A waste receptacle and clothes hamper with lid.
- 6323.21 Each bed shall be placed at least three (3) feet from any other bed and from any uncovered radiator.
- 6323.22 Each bedroom shall have direct access to a major corridor and at least one window to the outside, unless the Department of Consumer and Regulatory Affairs, or a successor agency responsible for enforcement of the D.C. Housing Code, has determined that it otherwise meets the lighting and ventilation requirements of the D.C. Housing Code for habitable rooms.
- 6323.23 Each facility housing a residential program shall provide one or more bathrooms for clients that are equipped with the following fixtures, properly installed and maintained in good working condition:
- (a) Toilet (water closet);
 - (b) Sink (lavatory);
 - (c) Shower or bathtub with shower, including a handheld shower; and
 - (d) Grab bars in showers and bathtubs.
- 6323.24 Each residential facility shall provide at least one (1) bathroom for each six (6) occupants in compliance with 14 DCMR § 602.
- 6323.25 Each bathroom shall be adequately equipped with the following:

- (a) Toilet paper holder and toilet paper;
- (b) Paper towel holder and paper towels or clean hand towels;
- (c) Soap;
- (d) Mirror;
- (e) Adequate lighting;
- (f) Waste receptacle;
- (g) Floor mat;
- (h) Non-skid tub mat or decals; and
- (i) Shower curtain or shower door.

- 6323.26 Each residential provider shall ensure that properly anchored grab bars or handrails are provided near the toilet or other areas of the bathroom, if needed by any resident in the facility.
- 6323.27 Adequate provision shall be made to ensure each client's privacy and safety in the bathroom.
- 6323.28 Each residential program shall promote each client's participation and skill development in menu planning, shopping, food storage, and kitchen maintenance, if appropriate.
- 6323.29 Each residential program shall provide appropriate equipment (including a washing machine and dryer) and supplies on the premises or through a laundry service to ensure sufficient clean linen and the proper sanitary washing and handling of linen and clients' personal clothing.
- 6323.30 Each program shall ensure that every client has at least three (3) washcloths, two (2) towels, two (2) sheet sets that include pillow cases, a bedspread, a pillow, a blanket, and a mattress cover in good and clean condition.
- 6323.31 Each blanket, bedspread, and mattress cover shall be cleaned regularly, whenever soiled, and before being transferred from one resident to another.
- 6323.32 Providers shall ensure that clients are allowed access to all scheduled or emergency medical and dental appointments.

- 6323.33 Providers serving parents and children must take precautions to ensure child safety, including but not limited to protection for windows, outlets, and stairways.
- 6323.34 Each facility housing a program that provides services for parents with children shall have extra supplies for babies to include diapers and powdered milk.
- 6323.35 The following provisions apply only to residential treatment programs, as defined by this chapter. These provisions do not apply to residential recovery support services programs (*i.e.*, environmental stability services):
- (a) A program that provides overnight accommodations shall ensure that evening and overnight shifts have at least two (2) staff members on duty;
 - (b) Children and youth under eighteen (18) may not reside at an adult residential treatment facility or visit overnight at a facility not certified to serve parents and children. This information must be included in the house rules;
 - (c) Each provider shall maintain a current inventory of each client's personal property and shall provide a copy of the inventory, signed by the client and staff, to the client;
 - (d) Each provider shall take appropriate measures to safeguard and account for personal property brought into the facility by a resident;
 - (e) Each provider shall provide the client, or the client's representative, with a receipt for any personal articles to be held by the provider for safekeeping that includes and the date it was deposited with the provider and maintain a record of all articles held for safekeeping;
 - (f) Each residential treatment program shall have a licensed dietitian or nutritionist available, a copy of whose current license shall be maintained on file, to provide the following services:
 - (1) Review and approval of menus;
 - (2) Education for individuals with nutrition deficiencies or special needs;
 - (3) Coordination with medical personnel, as appropriate; and
 - (4) A nutritional assessment for each client within three (3) calendar days of admission unless the client has a current assessment or doctor's order for dietary guidelines;

- (g) The provider shall provide at least three (3) meals per day and between meal snacks that:
 - (1) Provide a nourishing, well-balanced diet in accordance with dietary guidelines established by the United States Department of Agriculture;
 - (2) Are suited to the special needs of each client; and
 - (3) Are adjusted for seasonal changes, particularly to allow for the use of fresh fruits and vegetables.
- (h) The provider shall ensure that menus are written on a weekly basis, that the menus provide for a variety of foods at each meal, and that menus are varied from week to week and adjusted for seasonal changes. Menus shall be posted for the clients' review;
- (i) The provider shall ensure that a copy of each weekly menu is retained for a period of six (6) months. The menus retained shall include special diets and reflect meals as planned and as actually served, including handwritten notations of any substitutions. The provider shall also retain receipts and invoices for food purchases for six (6) months. The records required to be retained by this subsection are subject to review by the Department;
- (j) Each meal shall be scheduled so that the maximum interval between each meal is no more than six (6) hours, with no more than fourteen (14) hours between a substantial evening meal and breakfast the following day;
- (k) If a client refuses food or misses a scheduled meal, appropriate food substitutions of comparable nutritional value shall be offered;
- (l) If a client will be away from the program during mealtime for necessary medical care, work, or other scheduled appointments, program shall provide an appropriate meal and in-between-meal snack for the client to carry with him or her and shall ensure that the meal is nutritious as required by these rules and suited to the special needs of the client;
- (m) Each piece of bed linen, towel, and washcloth shall be changed and cleaned as often as necessary to maintain cleanliness, provided that all towels and bed linen shall be changed at least once each week;
- (n) No person who is not a client, staff member, or child of a client (only in the case of programs for parents and children) may reside at a facility that houses a residential treatment program;
- (o) A residential treatment program providing meals shall implement a written

Nutritional Standards Policy that outlines their procedures to meet the dietary needs of its clients, ensuring access to nourishing, well-balanced, and healthy meals. The policy shall identify the methods and parties responsible for food procurement, storage, inventory, and preparation;

- (p) The Nutritional Standards Policy shall include procedures for individuals unable to have a regular diet as follows:
 - (1) Providing clinical diets for medical reasons, when necessary;
 - (2) Recording clinical diets in the client's record;
 - (3) Providing special diets for clients' religious needs; and
 - (4) Maintaining menus of special diets or a written plan stating how special diets will be developed or obtained when needed.
- (q) A residential treatment program shall make reasonable efforts to prepare meals that consider the cultural background and personal preferences of the clients;
- (r) Meals shall be served in a pleasant, relaxed dining area that accommodates families and children; and
- (s) Under the supervision of a Qualified Practitioner, all Level 3 programs except MMIWM programs shall:
 - (1) Provide training in activities of daily living;
 - (2) Provide therapeutic recreational activities designed to help the client learn ways to use leisure time constructively, develop new personal interests and skills, and increase social adjustment; and
 - (3) Ensure that staff providing activities listed in subparagraphs (1) and (2) above have a high school degree or a GED and at least twenty (20) hours of in-service training per year regarding issues of substance abuse.

6324**PROGRAMS SERVING PARENTS AND CHILDREN**

6324.1

In addition to core requirements and other standards described in this chapter, a program providing SUD treatment services to parents and their children shall comply with the provisions of this section.

6324.2

The provider shall specify in its certification application the age range of the children that will be accepted in the program of parents with children, and ensure

that it satisfies all applicable laws and regulations governing care for children including those listed in this section.

- 6324.3 The Department will include in the program certification a designation as a program serving parents with children, and specify the age range of children that may be accepted when the parents are admitted into the program and ensure that children shall be supervised at all times.
- 6324.4 Programs shall ensure that parents designate an alternate caretaker who is not in the program to care for the children in case of emergency.
- 6324.5 Programs serving parents and young children (ages zero [0] to five [5]) shall also serve pregnant women.
- 6324.6 Programs shall ensure all parents and children are connected to a primary care provider and any other needed specialized medical provider and shall facilitate medical appointments and treatment for parents and children in the program.
- 6324.7 Programs shall ensure that childcare/daycare is available for children, provided while the parent participates in treatment services either directly or through contractual or other affiliation.
- 6324.8 A program that directly operates a child development facility shall be licensed in accordance with the District laws and regulations.
- 6324.9 Programs that serve parents with children shall ensure that school-age children are in regular attendance at a public, independent, private, or parochial school, or in private instruction in accordance with the District law and regulation, and support the parent's engagement with the child's school.
- 6324.10 Programs that serve parents with children shall ensure that children have access to tutoring programs.
- 6324.11 Before a parent and child can be admitted to a program serving parents and children, the program shall ensure that it has a copy of the child's current immunization records, which must be up to date. A sixty (60) day grace period will be provided to a parent(s) or child experiencing homelessness.
- 6324.12 Programs that serve parents with children shall record information about the children residing in or attending the program who are not formally admitted for treatment, including but not limited to the following, as applicable:
- (a) Individualized education plans (IEPs);
 - (b) Report cards;

- (c) Health records; and
 - (d) Information linking the child to the course of treatment for the parent, as clinically indicated.
- 6324.13 Programs shall develop policies and procedures for determining the need to formally admit or refer a child.
- 6324.14 A program that is also certified to treat children and youth shall establish a separate record for each child when a clinical determination is made to formally admit the child.
- 6324.15 An individualized plan of care shall be developed for any child who is formally admitted to the program.
- 6324.16 The program shall obtain informed consent prior to rendering services.
- 6324.17 Service delivery and program administration staff shall demonstrate experience and training in addressing the needs of parents and children.
- 6324.18 All services delivery staff shall receive periodic training regarding therapeutic issues relevant to parents and children. At least two (2) times per year, the program shall provide or arrange training on each of the following topics:
- (a) Child development; and
 - (b) The appropriate care and stimulation of infants, including drug-affected newborn infants.
- 6324.19 Service delivery staff shall maintain current training in first aid and CPR for infants and children.
- 6324.20 Programs shall ensure that an annual medical evaluation is performed for each parent and child.
- 6324.21 Programs shall ensure that recommendations by a physician, or licensed APRN, are followed.

6325 PROVIDER REQUIREMENTS FOR MEDICATION ASSISTED TREATMENT

- 6325.1 In accordance with 42 CFR part 8, Certification of Opioid Treatment Programs, Medication Assisted Treatment (MAT) providers must also be certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Drug Enforcement Agency, and accredited by a national accreditation body that has been approved by SAMHSA.

- 6325.2 SUD treatment programs providing MAT with opioid replacement therapy shall comply with Federal requirements for opioid treatment, as specified in 42 CFR part 8, and shall comply with District and Federal regulations for maintaining controlled substances as specified in Chapter 10, Title 22 DCMR and 21 CFR part 1300, respectively.
- 6325.3 Each MAT program, whether providing inpatient or outpatient services, shall submit applications to the Department and to the U.S. Food and Drug Administration (FDA), respectively, and shall require the approval of both agencies prior to its initial operation.
- 6325.4 MAT programs shall submit to the Department photocopies of all applications, reports, and notifications required by Federal laws and regulations.
- 6325.5 MAT programs shall ensure the following:
- (a) That access to electronic alarm areas where drug stock is maintained shall be limited to a minimum number of authorized, licensed personnel;
 - (b) That each employee shall have his or her own individual code to access alarmed stock areas, which shall be erased upon separation from the provider;
 - (c) That all stored drugs (liquid, powder, solid, and reconstituted), including controlled substances, shall be clearly labeled with the following information:
 - (1) Name of substance;
 - (2) Strength of substance;
 - (3) Date of reconstitution or preparation;
 - (4) Manufacturer and lot number;
 - (5) Manufacturer's expiration date, if applicable; and
 - (6) If applicable, reconstituted/prepared drug's expiration date according to the manufacturer's expiration date or one (1) year from the date of reconstitution or preparation, whichever is shorter;
 - (d) Take-home medications shall be labeled and packaged in accordance with Federal and District laws and regulations and shall include the following information:

- (1) Treatment program's name, address, and telephone number;
- (2) Physician's name;
- (3) Client's name;
- (4) Directions for ingestion;
- (5) Name of medication;
- (6) Dosage in milligrams;
- (7) Date issued; and
- (8) Cautionary labels, as appropriate.

6325.6 Containers of drugs shall be kept covered and stored in the appropriate locked safe, with access limited by an electronic alarm system that conforms to the U.S. Drug Enforcement Administration (DEA) and District requirements.

6325.7 The Department shall be notified of any theft, suspected theft, or any significant loss of controlled substances, including spillage. Photocopies of DEA forms 106 and 41 shall be submitted to the Department.

6326 LEVELS OF CARE: GENERAL REQUIREMENTS

6326.1 All individuals seeking SUD treatment must be assessed and referred to a particular LOC in accordance with the Department-approved assessment tool(s) and the ASAM criteria. Any limitation on services or authorization requirements identified throughout this chapter shall only apply to SUD services provided under the Department's Human Care Agreement. No limitation on service or pre-authorization requirement shall be applied to a Medicaid managed care beneficiary receiving SUD services under the ASARS program if the limitation or pre-authorization violates Federal or District parity requirements.

6326.2 Each provider is responsible for ensuring that the client receives treatment in accordance with ASAM LOC requirements and this chapter.

6326.3 All treatment shall be:

- (a) Person-centered;
- (b) Provided only if determined to be medically necessary in accordance with the plan of care; and
- (c) Provided as part of organized or structured treatment services.

6326.4 Prior to transitioning to a new LOC, at a minimum, an Ongoing Assessment must be performed to ensure that the client is appropriate for the new LOC.

6326.5 The Clinical Care Coordinator is responsible for ensuring appropriate referral, authorization, and transition to new LOCs.

6327 INTAKE AND ASSESSMENT

6327.1 Intake and Assessment providers shall be able to provide an initial health screening and assessment “on demand” in accordance with federal and District laws and regulations or ASAM criteria:

- (a) Presenting problem;
- (b) Substance use history;
- (c) Immediate risks related to serious intoxication or withdrawal;
- (d) Immediate risks for self-harm, suicide and violence;
- (e) Past and present mental disorders, including posttraumatic stress disorder (PTSD) and other anxiety disorders, mood disorders, and eating disorders;
- (f) Past and present history of violence and trauma, including sexual victimization and interpersonal violence;
- (g) Legal history, including information that a person is or is not court-ordered to treatment or under the supervision of the department of corrections;
- (h) Employment and housing status;
- (i) Health screenings/testing including:
 - (1) HIV
 - (2) Hepatitis
 - (3) Tuberculosis (if referred for residential and detox); and
 - (4) Pregnancy (If applicable).

6327.2 Once assessed, clients shall be referred to the appropriate level of care as outlined in ASAM. The client has a choice about which provider will provide services at that LOC. If the provider that conducted the initial assessment is not chosen by

the client as the place to receive services, the provider is responsible for making a referral, authorizing services, and arranging transportation to the chosen provider if same day services are requested. The provider shall have a policy and procedure that clearly outlines: an intake process and an emergency intake process, including a procedure to refer individuals who are not clinically appropriate for its program.

6327.3 Department-certified Intake and Assessment providers shall have the ability to provide the following services:

- (a) Initial Assessment (if the client does not remain with assessing provider);
- (b) Case Management (HIV);
- (c) Crisis Intervention;
- (d) Comprehensive Assessment (if the client remains at assessing provider);
- (e) Urinalysis Collection; and
- (f) Clinical Care Coordination.

6327.4 Intake and Assessment providers shall ensure appropriate medical staff is on duty to assess clients for acute withdrawal symptoms in addition to physical examinations as outlined in ASAM criteria (*e.g.*, HIV, pregnancy). Providers should have proper infrastructure to conduct testing and screening and proper storage for testing kits.

6327.5 All clients seeking intake and assessment services shall be screened for Recovery Support Services.

6327.6 Clients shall consent to treatment per 42 CFR Part 2, unless clinically inappropriate or client refuses treatment services.

6327.7 Intake and Assessment providers shall refer to Section 6337: Core Service: Assessment/Diagnostic and Plan of Care regarding initial assessment process. See Subsection 6337.6 for outline of qualified practitioners allowed to complete the initial assessment.

6327.8 All Intake and Assessment providers with an HCA shall adhere to all required Federal data reporting guidelines.

6328 LEVEL OF CARE 1: OPIOID TREATMENT PROGRAM (OTP)

6328.1 Medication Assisted Treatment (MAT) is the use of pharmacotherapy long-term treatment for opiate or other forms of dependence. A client who receives MAT

must also receive SUD Counseling/Therapy. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department.

- 6328.2 Individuals appropriate for MAT must have an SUD that is appropriately treated with MAT in accordance with Federal regulations.
- 6328.3 MAT providers must ensure that individuals receiving MAT understand and provide written informed consent to the specific medication administered. No person under eighteen (18) years of age may be admitted to MAT unless a parent or legal guardian consents in writing to such treatment.
- 6328.4 MAT may be administered on an in-office basis or as take-home regimen. Both MAT administrations include the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration. MAT providers must comply with all Department policies and Federal regulations concerning MAT.
- 6328.5 Therapeutic guidance provided during MAT shall include:
- (a) Safeguarding medications;
 - (b) Possible side-effects and interaction with other medications;
 - (c) Impact of missing doses;
 - (d) Monitoring for withdrawal symptoms and other adverse reactions; and
 - (e) Appearance of medication and method of ingestion.
- 6328.6 The provision of MAT must be accompanied by a clinically appropriate array of SUD treatment services that include SUD Counseling/Therapy.
- 6328.7 For providers with a Human Care Agreement with the Department:
- (a) MAT medication is billed on a per-dose basis;
 - (b) A single fifteen (15)-minute administration session may be billed when an individual is receiving take-home doses in accordance with ASAM criteria and Department policy;
 - (c) A client can be prescribed a maximum of one dose/unit per day;

- (d) An initial and second authorization is for a maximum of ninety (90) days each; subsequent authorizations cannot exceed one hundred and eighty (180) days each; and
- (e) Prior authorization from the Department is required for more than two-hundred fifty (250) units of medication in one calendar year. The maximum number of MAT services over a twelve (12)-month period is three hundred and sixty five (365) units of medication and administration

- 6328.8 Providers shall have medical staff (MD, PA, APRN, or RN) on duty during all clinic hours. A physician shall be available on-call during all clinic hours, if not present on site.
- 6328.9 A member of the medical staff must be available on call twenty-four (24) hours a day, seven (7) days a week.
- 6328.10 A physician must evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six (6) months thereafter, in coordination with the plan of care and as needed.
- 6328.11 A provider must review the results of a client's physical, which has been completed within the past twelve (12) months, prior to prescribing or renewing a prescription for MAT.
- 6328.12 Documentation for this service must include medication log updates and an encounter note for each visit, which captures the therapeutic guidance provided.
- 6328.13 MAT may be provided by the following:
- (a) Qualified Physicians;
 - (b) APRNs;
 - (c) Physicians Assistants (PAs) (supervised by Qualified Physicians);
 - (d) RNs; or
 - (e) LPNs (supervised by an MD, RN, or APRN).

6329 LEVEL OF CARE 1: OUTPATIENT

- 6329.1 Level 1 Outpatient providers shall have the capacity to provide up to eight (8) hours of substance use disorder treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria. Level 1 Outpatient is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 1 and:

- (a) Recognize their SUD and are committed to recovery;
- (b) Are transitioning from a higher LOC;
- (c) Are in the early stages of change and not yet ready to commit to full recovery;
- (d) Have a co-occurring condition that is stable; or
- (e) Have achieved stability in recovery and can benefit from ongoing monitoring and disease management.

6329.2 Level I Outpatient providers may also be certified in the specialty service of Adolescent-Community Reinforcement Approach (ACRA) in accordance with § 6345 of this chapter for services to youth and young adults with co-occurring substance use and mental health disorders ages twelve (12) to twenty-one (21) for youth providers and twenty-two (22) to twenty-four (24) for adult providers.

6329.3 Level 1 Outpatient treatment duration varies with the severity of the patient's illness and his/her response to treatment but generally lasts up to one hundred eighty (180) days for an initial authorization. Level 1 treatment can continue long-term in accordance with the plan of care, for individuals needing long-term disease management.

6329.4 Level 1 Outpatient services are determined by a Diagnostic Comprehensive Assessment, performed in accordance with § 6337 of this chapter.

6329.5 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this level of care.

6329.6 Level 1 Outpatient shall include the following mix of services in accordance with the client's plan of care and this chapter (unless the client is receiving ACRA services in which case SUD Counseling/Therapy, Case Management and Clinical Care Coordination shall be provided in accordance with § 6345):

- (a) Assessment/Diagnostic and Plan of Care in accordance with § 6337 of this chapter:
 - (1) Diagnostic Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional for a new provider if the client has been transferred from another LOC;
 - (2) Ongoing Behavioral Health Assessment: Is performed at a 90-day interval or as medically necessary, required within seven (7) calendar days of admission if no comprehensive assessment was

performed at intake into Level 1, cannot be billed more than twice within a sixty (60)-day period, cannot occur on the same day as a comprehensive assessment, and an ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.

- (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy according to the client's assessed needs and enhanced with Group Counseling-Psychoeducation (in accordance with § 6340.6 of this chapter).
- (c) Clinical Care Coordination (CCC) (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and must ensure the plan of care is updated a minimum of every ninety (90) days or as clinically appropriate.
- (d) Case Management (in accordance with § 6339 of this chapter)
- (e) Drug Screening through breathalyzer collection or urinalysis collection (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.
- (f) Crisis Intervention: As required and in accordance with § 6340 of this chapter.

6329.7 Level 1 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6330 LEVEL OF CARE 2.1: INTENSIVE OUTPATIENT PROGRAM (IOP)

6330.1 Level 2.1 Intensive Outpatient Program (IOP) providers shall have the capacity to provide a minimum of nine (9) hours of a mixture of substance use disorder treatment services per week for adults and at least six (6) hours of treatment services per week for youth under the age of twenty-one (21) in accordance with this section and medical necessity based on ASAM criteria. IOP is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 2.1 and

- (a) Recognize their SUD and are committed to recovery;
- (b) Are transitioning from a different LOC; or
- (c) Have stable medical or psychiatric co-occurring conditions per ASAM.

- 6330.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this level of care.
- 6330.3 Level 2.1 IOP includes the following mix of core services, in accordance with the client's individual plan of care:
- (a) Assessment/Diagnostic and Plan of Care (§ 6337):
 - (1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional for a new provider if the client has been transferred from another LOC;
 - (2) Ongoing Assessment: Required within seven (7) calendar days of admission if no comprehensive was performed at intake into Level 2.1. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.
 - (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy, according to the client's assessed needs and enhanced with Group Counseling-Psychoeducation (in accordance with § 6341.6 of this chapter).
 - (c) Clinical Care Coordination (CCC) (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the plan of care.
 - (d) Case Management (in accordance with § 6339 of this chapter) should be provided according to the Plan of Care.
 - (e) Case Management-HIV (in accordance with § 6339 of this chapter): For providers with a Human Care Agreement, Case Management-HIV is required for the duration of the LOC if he or she is HIV positive.
 - (f) Drug Screening (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.
 - (g) Crisis Intervention: As required and in accordance with § 6340 of this chapter.
- 6330.4 Level 2.1 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6331 LEVEL OF CARE 2.5: DAY TREATMENT

- 6331.1 Level 2.5 Day Treatment providers shall have the capacity to provide a minimum of twenty (20) or more hours of a mixture of substance use disorder treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria and section § 6341 of this chapter. Day Treatment is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria for Level 2.5 and:
- (a) Have unstable medical or psychiatric co-occurring conditions; or
 - (b) Have issues that require daily management or monitoring but can be addressed on an outpatient basis.
- 6331.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the service requirements for this level of care.
- 6331.3 Level 2.5 Day Treatment includes the following mix of core services as indicated on the plan of care and in accordance with this chapter:
- (a) Assessment/Diagnostic and Plan of Care (in accordance with § 6337 of this chapter):
 - (1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;
 - (2) Ongoing Assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 2.5. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.
 - (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy and enhanced with Group Counseling-Psychoeducation (in accordance with § 6341.6 of this chapter).
 - (c) Clinical Care Coordination (CCC) (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the plan of care. CCC shall be provided as clinically appropriate.

- (d) Case Management (in accordance with § 6339 of this chapter) should be provided in accordance with the Plan of Care.
- (e) Case Management-HIV (in accordance with § 6339 of this chapter): For providers with a Human Care Agreement, Case Management-HIV is required for the duration of the LOC if he or she is HIV-positive.
- (f) Drug Screening (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.
- (g) Crisis Intervention: As required and in accordance with § 6340 of this chapter.

6331.4 Level 2.5 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6332 LEVEL OF CARE 3.1: CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL

6332.1 Level 3.1 Clinically Managed Low-Intensity Residential providers shall have the capacity to provide a minimum of five (5) hours of a mixture of substance use disorder treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria and § 6341 of this chapter. Level 3.1 Clinically Managed Low-Intensity Residential is the appropriate level of care for individuals who are assessed as meeting the ASAM criteria for Level 3.1 and:

- (a) Are employed, in school, in pre-vocational programs, actively seeking employment, or involved in structured day program;
- (b) Recognize their SUD and are committed to recovery or are in the early stages of change and not yet ready to commit to full recovery but need a stable supportive living environment to support their treatment or recovery, which is in accordance with ASAM
- (c) May have a stable co-occurring physical or mental illness.
- (d) Who meet the ASAM Patient Placement Criteria for level 3.1, or its equivalent, as approved by the Department;
- (e) Who are capable of self-care but are not ready to return to family or independent living

6332.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this level of care.

6332.3 Level 3.1 Clinically Managed Low-Intensity Residential includes the following mix of core services, as indicated on the plan of care and in accordance with this chapter:

- (a) Assessment/Diagnostic and Plan of Care in accordance with § 6337 of this chapter:
 - (1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC);
 - (2) Ongoing Assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.1. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a comprehensive assessment. An ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.
- (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy and enhanced with Group Counseling-Psychoeducation (in accordance with § 6341.6 of this chapter).
- (c) CCC (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the plan of care a minimum of every ninety (90) days or as clinically appropriate. CCC shall be provided as clinically appropriate.
- (d) Case Management (in accordance with § 6339 of this chapter) should be provided according to the Plan of Care.
- (e) Case Management-HIV (in accordance with § 6339 of this chapter): For providers with a Human Care Agreement, Case Management-HIV is required for the duration of the LOC if he or she is HIV positive.
- (f) Drug Screening (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment. Crisis Intervention: As required and in accordance with § 6340 of this chapter.
- (g) Medication Management: As required and in accordance with § 6343 of this chapter.

6332.4 Level 3.1 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6333 LEVEL OF CARE 3.3: CLINICALLY MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL

6333.1 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential providers shall have the capacity to provide a minimum of twenty (20) hours of mixture of substance use disorder treatment services per week in accordance with this section and based in medical necessity on ASAM criteria. Level 3.3 Clinically Managed Population-Specific High-Intensity Residential, also referred to as Extended or Long-term Care, is the appropriate LOC for individuals who are assessed as meeting the ASAM criteria Level 3.3;

- (a) Need a stable supportive living environment to support their treatment or recovery and:
- (b) Have co-occurring or other issues that have led to temporary or permanent cognitive impairments and would benefit from slower-paced repetitive treatment; or
- (c) Have unstable medical or psychiatric co-occurring conditions.

6333.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this level of care.

6333.3 Case Management alone does not satisfy the minimum service hour requirements. Case Management shall be provided as clinically appropriate, in accordance with the client's plan of care, and in accordance with § 6333.5 of this chapter.

6333.4 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential includes the following mix of services, as indicated on the plan of care and in accordance with this chapter:

- (a) Assessment/Diagnostic and Plan of Care in accordance with § 6337 of this chapter:
 - (1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;
 - (2) Ongoing assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.3. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a Comprehensive

Assessment. An ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.

- (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy and enhanced with Group Counseling-Psychoeducation (in accordance with § 6341.6 of this chapter).
- (c) CCC (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the plan of care a minimum of ninety (90) days or as clinically appropriate. CCC shall be provided as clinically appropriate.
- (d) Case Management (in accordance with § 6339 of this chapter) should be provided according to the Plan of Care.
- (e) Case Management-HIV (in accordance with § 6339 of this chapter): For providers with a Human Care Agreement, Case Management-HIV is required for the duration of the LOC if he or she is HIV-positive.
- (f) Drug Screening (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.
- (g) Crisis Intervention: As required and in accordance with § 6340 of this chapter.
- (h) Medication Management: As required and in accordance with § 6342 of this chapter.

6333.5 Level 3.3 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6334 LEVEL OF CARE 3.5: CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL (ADULT)/ CLINICALLY MANAGED MEDIUM-INTENSITY RESIDENTIAL (YOUTH)

6334.1 Level 3.5 Clinically Managed High-Intensity Residential/ Clinically Managed Medium-Intensity Residential providers shall have the capacity to provide a minimum of twenty-five (25) hours of a mixture of substance use disorder treatment services per week, per client, in accordance with this section and medical necessity based on ASAM criteria and § 6341 of this chapter this chapter. Level 3.5 is the appropriate level of care for individuals who are assessed as meeting the ASAM placement criteria for Level 3.5, need a 24-hour supportive treatment environment to initiate or continue their recovery process and:

- (a) Have co-occurring or severe social/interpersonal impairments due to substance use; or
- (b) Significant interaction with the criminal justice system due to substance use.

6334.2 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this level of care.

6334.3 Case Management alone does not satisfy the minimum service hour requirements. Case managed shall be provided as clinically appropriate, in accordance with the client's plan of care, and in accordance with Subsection 6332.6.

6334.4 Level 3.5 includes the following mix of services, as indicated on the plan of care and in accordance with this chapter:

- (a) Assessment/Diagnostic and Plan of Care in accordance with § 6337 of this chapter:
 - (1) Comprehensive Assessment: Required if this is the individual's first LOC in a single course of treatment; optional if the client has been transferred from another LOC;
 - (2) Ongoing assessment: Required within seven (7) days of admission if no comprehensive was performed at intake into Level 3.5. Cannot be billed more than twice within a sixty (60)-day period and cannot occur on the same day as a Comprehensive Assessment. An ongoing assessment with a corresponding plan of care update must occur prior to a planned discharge from the LOC.
- (b) SUD Counseling/Therapy (in accordance with § 6341 of this chapter): Counseling/Therapy shall be provided as a clinically appropriate combination of Individual, Family, and Group Counseling/Therapy and enhanced with Group Counseling-Psychoeducation (in accordance with § 6341.6 of this chapter).
- (c) Clinical Care Coordination (CCC) (in accordance with § 6338 of this chapter): The Clinical Care Coordinator is responsible for establishing the frequency of the ongoing assessments and updates to the plan of care.
- (d) Case Management (in accordance with § 6339 of this chapter) should be provided according to the Plan of Care.

- (e) Case Management-HIV (in accordance with § 6339 of this chapter): For providers with a Human Care Agreement, Case Management-HIV is required for the duration of the LOC if HIV positive.
- (e) Drug Screening (in accordance with § 6342 of this chapter): Required at admission and as clinically indicated throughout the course of treatment.
- (f) Crisis Intervention: As required and in accordance with § 6340 of this chapter.
- (g) Medication Management: As required and in accordance with § 6343 of this chapter.

6334.5 Level 3.5 providers may provide Medication Assisted Treatment (MAT) per § 6344 of this chapter, if so certified.

6335 LEVEL OF CARE 3.7-WM: SHORT-TERM MEDICALLY MONITORED INTENSIVE WITHDRAWAL MANAGEMENT (SMMIWM)

6335.1 SMMIWM is 24-hour, medically directed evaluation and withdrawal management service. The service is for clients with sufficiently severe signs and symptoms of withdrawal from psychoactive substances such that medical monitoring and nursing care are necessary but hospitalization is not indicated.

6335.2 For providers with a Human Care Agreement, clients discharged from SMMIWM treatment shall be directly admitted into a residential SUD treatment program (Level 3.1 — 3.5) through a "bed-to-bed" transfer unless the Department previously authorized an exception or the client refuses admission to a residential program.

6335.3 For services provided under the Department's Human Care Agreement, SMMIWM shall not exceed five (5) days unless prior authorization for a longer stay is authorized by the Department.

6335.4 SMMIWM shall include the following services in accordance with ASAM guidelines, as clinically appropriate:

- (a) Medication Management;
- (b) Clinical Care Coordination;
- (c) Medication Assisted Treatment;
- (d) Crisis Intervention;
- (e) Case Management, which must be billed separately

- (f) SUD Counseling/Therapy, which may be billed separately; and
- (g) Comprehensive Assessment/Diagnostic, which may be billed separately.

6335.5 SMMIWM providers shall have a physician on staff that is able to respond within one (1) hour of notification.

6335.6 SMMIWM providers shall have medical staff (MD, PA, APRN, or RN) on duty twenty-four (24) hours per day, seven (7) days per week providing directed evaluation, care, and treatment in an inpatient setting. Medical staff shall have a client-to-staff ratio of 12-to-1 during daytime operating hours, a 17-to-1 ratio during evening hours, and a 25-to-1 ratio during the night shift.

- (a) A withdrawal management service level 3.7 provider shall offer 24-hour medically supervised evaluation and withdrawal management.
- (b) SMMIWM should have psychiatric services available on-site, through consultation or referral as medically necessary according to the client's needs for treatment and recovery.
- (c) SMMIWM should have biomedical enhanced services delivered by appropriately credentialed medical staff in accordance to § 6340.4, who can administer detoxification services to an intoxicated patient by: (1) monitoring the decreasing amount of alcohol and toxic agents in the body; (2) managing the withdrawal symptoms; and (3) motivating the individual to participate in an appropriate treatment program for alcohol or other drug dependence.
- (d) Qualified practitioners of this service include Licensed Physicians; or Psychologists, PAs, RNs, LICSWs, LISWs, LGSWs, APRNs, LPCs, LMFTs, or CACs I and II under the direction and supervision of a Qualified Physician and in accordance with applicable District professional licensing laws.

6336 LEVEL OF CARE-R: RECOVERY SUPPORT SERVICES

6336.1 Level-R Recovery Support Services (RSS) covers the provision of non-clinical services for individuals in treatment or in need of supportive services to maintain their recovery.

6336.2 Level-R Recovery Support Service providers shall provide the following core recovery support services:

- (a) Recovery Support Evaluation
- (b) Recovery Support Management;

- (c) Recovery Mentoring;
- (d) Life Skills Support Services;
- (e) Education Support Services; and
- (f) Recovery Social Activities;

6336.3 RSS providers may provide the following specialty services, in accordance with their certification:

- (a) Spiritual Support Services; and
- (b) Environmental Stability.

6336.4 Level-R Recovery Support Services are for individuals who have an identified need for recovery support services and:

- (a) Are actively participating in the Department treatment system;
- (b) Have completed treatment; or
- (c) Have a self-identified substance use issue that is not assessed as needing active treatment.

6336.5 If a recovery client is assessed as needing active treatment and not currently enrolled in treatment, he or she must be referred to an Assessment and Referral Center for treatment and begin receiving treatment services before enrolling in RSS.

6336.6 The duration of Level-R Recovery Support Services varies but lasts as long as needed, with a reassessment every one hundred eighty (180) days according to the client's recovery goals.

6336.7 Level-R Recovery Support Services are determined by a Recovery Support Evaluation, performed in accordance with Section 6345 of this chapter.

6336.8 Unless clinically inappropriate or a client does not consent, all providers shall adhere to the minimum service requirements for this level of care.

6336.9 RSS may not be provided while a client is in a SMMIWM program.

6336.10 Providers who are certified only as Level-R providers may not provide Level 1 through 3 treatment services.

6336.11 Each recovery program must have a recovery program manager and the recovery program manager is responsible for overseeing all services provided within the recovery program.

6336.12 Each recovery program must have a comprehensive curriculum for its Recovery Support Services that has been approved by the Department.

6337 CORE SERVICE: ASSESSMENT/DIAGNOSTIC AND PLAN OF CARE

6337.1 Assessment/Diagnostic and Plan of Care services include two distinct actions: (1) the assessment and diagnosis of the client, and (2) the development of the plan of care. An Assessment/Diagnostic and Plan of Care Service may be (1) Initial, (2) Comprehensive, or (3) Ongoing.

6337.2 The assessment/diagnostic portion of this service includes the evaluation and ongoing collection of relevant information about a client to determine or confirm an SUD diagnosis and the appropriate LOC. The assessment shall serve as the basis for the formation of the plan of care, which establishes medical necessity and is designed to help the client achieve and sustain recovery. The assessment instrument shall incorporate ASAM client placement criteria.

6337.3 Assessment/Diagnostic is required for a plan of care. This includes the development of a plan of care or a plan of care update and necessary referrals.

6337.4 Providers shall use a tool(s) approved by the Department for both the assessment and plan of care.

6337.5 A plan of care identifies all services considered medically necessary by a qualified practitioner to address the needs of the client as determined by the assessment. All services shall be delivered in accordance with the plan of care as part of organized treatment services. The plan of care shall be person-centered per specifications by the Department and include:

- (a) A substance use disorder diagnosis (and any other diagnoses);
- (b) Criteria for discharge from the program based on completion of the established course of treatment, and/or transfer to a less intensive/restrictive level of care;
- (c) A list of any agencies currently providing services to the individual and family including the type(s) of service and date(s) of initiation of those services;
- (d) A broad, long-term goal statement(s) that captures the individual's and/or family's hopes and dreams for the future, ideally written in first-person language.

- (e) A list or statement of individual and/or family strengths that support goal accomplishment. These include abilities, talents, accomplishments and resources.
- (f) A list or statement of barriers that pose obstacles to the individual's and/or family's ability to accomplish the stated goal(s). These include symptoms, functional impairments, lack of resources, consequences of substance use and other challenges. The identification of barriers helps to substantiate the medical necessity for treatment interventions.
- (g) Objective statements that identify the short-term individual and/or family changes in behavior, function or status that overcome the identified barriers and are building blocks toward the eventual accomplishment of the long-term goal(s). Objective statements describe outcomes that are measurable and include individualized target dates to be accomplished within the scope of the plan.
- (h) Intervention statements that describe the treatment services intended to reduce and/or eliminate the barriers identified in the plan and support objective and eventual goal accomplishment. Interventions are specific to each objective and the individual's and/or family's stage of change. Intervention statements identify who will deliver the service, what will be delivered, when it will be delivered and the purpose (why) of the intervention. Natural support interventions should also be included in the plan and include those non-billable supports delivered by resources outside of the formal behavioral health service-delivery system.
- (i) The name and title of personnel who will provide the services;
- (j) The name and title of the client's Clinical Care Coordinator, in tandem with assigned CCC or in the absence of assigned CCC, primary substance abuse counselor, and case manager;
- (k) A description of the involvement of family members or significant others, where appropriate;
- (l) The identification of specific client responsibilities;
- (m) The client's identified ASAM Level of Care (LOC);
- (n) The client or legal guardian's signature on the plan (if the client refuses to sign the plan of care, the Clinical Care Coordinator shall document the reason(s) in the plan of care); and
- (o) Signatures of all interdisciplinary team members participating in the development of the plan of care. A plan of care is valid when

electronically signed and dated by an independently licensed clinician working within the scope of their license.

6337.6 Initial, Comprehensive, or Ongoing assessments shall be performed by the following Qualified Practitioners, as evidenced by signature and dates on the assessment document and the plan of care and in accordance with additional provisions of this section.

- (a) Qualified Physicians;
- (b) Psychologists;
- (c) LICSWs;
- (d) LGPCs (providers not operating under a Human Care Agreement) (under supervision)
- (e) LGSWs (under supervision)
- (f) LISW (under supervision)
- (g) LPCs;
- (h) LMFTs;
- (i) APRNs;
- (j) CAC II (may not diagnose); or
- (k) CAC I (may not diagnose).
- (l) RNs (may not diagnose)

6337.7 An Initial Assessment/Diagnostic and Plan of Care service (Initial Assessment) is a behavioral health assessment that (1) identifies the individuals need for SUD treatment, (2) determines the appropriate level of care of SUD treatment, and (3) initiates the course of treatment. An Initial Assessment must be provided by a certified Department Intake and Assessment provider. The following provisions apply to an Initial Assessment:

- (a) The provider shall use and complete an assessment tool approved by the Department and meets the ASAM biopsychosocial requirements. The assessment should result in identification of the necessary LOC and an appropriate SUD provider referral, documented in the designated electronic record format.

- (b) The provider shall record any medications used by the client;
- (c) Staff must have an in-person encounter with the client to conduct the initial assessment;
- (d) Providers must obtain and document client's understanding and agreement, evidenced by the client's signature, for consent to treatment, assessment, provider choice, the client bill of rights, and release of information;
- (e) For those providers with a Human Care Agreement with the Department, a maximum of one Initial Assessment may be billed within a thirty (30)-day period.
- (f) An Intake and Assessment provider will complete an Initial Assessment and refer the client to the appropriate level of care or treat the client 1) if the client is found appropriate for the level of care available at that provider, and 2) the client chooses to receive services at that provider.

6337.8

The following provisions apply to the Comprehensive Assessment:

- (a) When a client enters his or her first LOC within a treatment episode, the provider shall perform a Comprehensive Assessment to determine his or her treatment and recovery needs. A Comprehensive Assessment consists of a biopsychosocial assessment and the development of a plan of care. ASAM biopsychosocial elements include, but are not limited to:
 - (1) History of the presenting episode;
 - (2) Family history;
 - (3) Developmental history;
 - (4) Alcohol, tobacco, other drug use, addictive behavior history
 - (5) Personal/social history;
 - (6) Legal history;
 - (7) Psychiatric history;
 - (8) Medical history;
 - (9) Spiritual history;
 - (10) Review of systems;

- (11) Mental status examination;
 - (12) Physical examination;
 - (13) Formulation and diagnosis;
 - (14) Survey of assets, vulnerabilities, and supports; and
 - (15) Treatment recommendations.
- (b) A Comprehensive Assessment shall include the use of a Department-approved assessment tool and a detailed diagnostic formulation. The comprehensive assessment will document the client's strengths, resources, mental status, identified problems, current symptoms as outlined in the DSM, and RSS needs. The Comprehensive Assessment will also confirm the client's scores on the ASAM criteria and confirm that the assigned LOC is most applicable to the client's needs. The diagnostic formulation shall include presenting symptoms for the previous twelve (12) months, including mental and physical health symptoms, degree of severity, functional status, and differential diagnosis. This information forms the basis for the development of the individualized person-centered plan of care as defined in § 6337.5 of this chapter.
- (c) A Comprehensive Assessment must be performed in-person by an interdisciplinary team consisting of the client and at least one Qualified Practitioner with the license and capability to develop a diagnosis.
- (d) The approval of the Plan on Care is demonstrated by the electronic signature and date stamp of an independently licensed qualified practitioner. A completed plan of care is required to establish medical necessity.
- (e) A Comprehensive Assessment and plan of care must be completed within seven (7) calendar days of admission to a provider. Providers at Level 3.7-SMMIWM must complete a Comprehensive Assessment within forty-eight (48) hours, or prior to discharge or transfer to another LOC, whichever comes first.
- (f) Within twenty-four (24) hours of admission at a new LOC, during the period prior to the completion of the Comprehensive Assessment, the provider shall review the Department-approved client's prior Assessment to assist with developing a Plan of Care.
- (g) The Plan of Care (valid for seven (7) calendar days) will validate treatment until the Comprehensive Assessment is completed. A Qualified Practitioner as listed in § 6337.6 shall develop the Plan of Care. The Plan of Care is

considered part of the Comprehensive Assessment and Plan of Care service. A Comprehensive Assessment and Plan of Care shall include client understanding and agreement, documented by the client's signature, for consent to treatment, assessment, provider choice, client bill of rights, and release of information.

- (h) For those SUD providers with a Human Care Agreement with the Department, no more than one (1) Comprehensive Assessment and Plan of Care shall be billed per LOC, and a Comprehensive Assessment cannot be billed on the same day as an Ongoing Assessment.

6337.9

Ongoing Assessment and Plan of Care occurs at regularly scheduled intervals depending on the LOC. The following provisions apply to ongoing assessments:

- (a) An Ongoing Assessment and Plan of Care, conducted using a tool(s) approved by the Department, provides a review of the client's strengths, resources, mental status, identified problems, and current symptoms as outlined in the DSM.
- (b) An Ongoing Assessment will confirm the appropriateness of the existing diagnosis and revise the diagnosis, as warranted. The Ongoing Assessment will also revise the client's scores on all dimensions of the ASAM criteria, as appropriate, to determine if a change in LOC is needed and make recommendations for changes to the Plan of Care.
- (c) An Ongoing Assessment includes a review and update of the Plan of Care with the client to reflect the client's progress, growth, and ongoing areas of need.
- (d) The Ongoing Assessment and Plan of Care is also used prior to a planned transfer to a different LOC and for discharge from a course of service.
- (e) The Ongoing Assessment can be used for a review and documentation of a client's physical and mental status for acute changes that require an immediate response, such as a determination of a need for immediate hospitalization.
- (f) The clinical care coordinator shall determine the frequency of Ongoing Assessments and Plan of Care services.
- (g) An Ongoing Assessment and Plan of Care must be completed in-person with the client by an interdisciplinary team, which includes at least one Qualified Practitioner with the license and capability to develop a diagnosis. The client's clinical care coordinator and primary counselor shall participate in the interdisciplinary team.

- (h) The Ongoing Assessment requires documentation of the assessment tools, updated diagnostic formulation, and the Plan of Care update. The diagnostic formulation shall include presenting symptoms since previous assessment (including mental and physical health symptoms), degree of severity, functional status, and differential diagnosis. The Plan of Care update shall address current progress toward goals for all problematic areas identified in the assessment and adjust interventions and recovery support services as appropriate.
- (i) For providers with a Human Care Agreement with the Department, an Ongoing Assessment cannot be billed on the same day as a Comprehensive Assessment. These providers may bill a maximum of two (2) occurrences per sixty (60) days.

6338 CORE SERVICE: CLINICAL CARE COORDINATION (CCC)

- 6338.1 CCC is a billable service, and the clinical care coordinator serves an important function on a client's treatment team. The CCC service is the initial and ongoing process of identifying, planning, coordinating, implementing, monitoring, and evaluating options and services to best meet a client's care needs.
- 6338.2 The Clinical Care Coordinator role is responsible for ensuring that the client is at the appropriate level of care. If the client fails to make progress or has met all of his or her treatment goals, it is the Coordinator's responsibility to ensure timely assessment and transfer to a more appropriate level of care.
- 6338.3 CCC focuses on linking clients as they transition through the levels of care, ensuring that the plan of care is formulated with the overarching goal of recovery regardless of the client's current status. The Clinical Care Coordinator is responsible for facilitating specified outcomes through recovery that will restore a client's functional status in the community. The Clinical Care Coordinator has the overall responsibility for the development and implementation of the client's plan of care.
- 6338.4 CCC also includes oversight of linkages to off-site services to meet additional needs related to a co-occurring medical and/or psychiatric condition, as documented in the plan of care.
- 6338.5 The assigned clinical care coordinator in each case will monitor the compliance with, and effectiveness of, services over the treatment period and make a determination of the frequency of ongoing assessments. The clinical care coordinator serves as a single point of contact for each assigned client's care. A clinical care coordinator shall have no more than three hundred (300) clients assigned to his or her caseload, and shall ensure that each client receives a clinically appropriate amount of CCC.

- 6338.6 The CCC service must be provided by a licensed practitioner under Subsection 6338.7 of this chapter and must address the health and behavioral health of the client. CCC shall not include administrative facilitation of the client's service needs, which is the primary purpose of the Case Management service. The CCC service may be billed for phone calls completed in order to coordinate a client's care.
- 6338.7 The CCC service must be documented in an encounter note that indicates the intended purpose of that particular service, the actions taken, and the result(s) achieved.
- 6338.8 Qualified Practitioners for CCC are
- (a) Qualified Physicians;
 - (b) Psychologists;
 - (c) LICSWs;
 - (d) LGSWs;
 - (e) APRNs;
 - (f) RNs;
 - (g) LISWs;
 - (h) LPCs; and
 - (i) LMFTs.
 - (j) LGPC (only for providers not operating under a Human Care Agreement)
- 6338.9 For providers with a Human Care Agreement with the Department, the following restrictions apply to CCC:
- (a) CCC may not be billed in conjunction with a staff person's clinical supervision or at the same time as any assessment/diagnostic/plan of care service;
 - (b) CCC may not be billed separately for a person in SMMIWM;

6339 CORE SERVICE: CASE MANAGEMENT

- 6339.1 Case Management facilitates implementation of the plan of care and administrative facilitation of the client's service needs, including but not limited to

scheduling of appointments, assisting in completing applications, facilitating transportation, tracking appointments, and collecting information about the client's progress.

- 6339.2 Case Management also encompasses the coordination of linkages such as vocational/educational services, housing services, legal monitoring entities (*e.g.* probation), child care, public assistance, and social services. Case Management also includes training in the development of life skills necessary to achieve and maintain recovery.
- 6339.3 In addition to the case management activities listed below, Case Management-HIV entails providing access to testing and referrals for HIV and infectious diseases and coordination of services with medical care or specialty services related to an infectious disease (an individual does not need to be diagnosed with an infectious disease to receive this service).
- 6339.4 All Case Management services must be authorized in the individual's plan of care.
- 6339.5 Additional key service functions of Case Management in a treatment program include:
- (a) Attending interdisciplinary team meetings for assessment/diagnostic services;
 - (b) Following up on service delivery by providers external to the treatment program and ensuring communication and coordination of services;
 - (c) Contacting clients who have unexcused absences from program appointments or from other critical off-site service appointments to re-engage them and promote recovery efforts;
 - (d) Locating and coordinating services and resources to resolve a client's crisis;
 - (e) Providing training in the development of life skills necessary to achieve and maintain recovery; and
 - (f) Participating in discharge planning.
- 6339.6 The assigned case manager for each client shall provide case management services with direct contact either face to face or via telephone or on behalf of a client to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery. Each client shall have a case manager designated in his or her plan of care. Each case manager shall be assigned no more than one hundred fifty (150) clients and shall ensure that each

client receives clinically appropriate case management in accordance with the plan of care.

6339.7 All case managers shall be supervised by a CAC II or a licensed practitioner. At least weekly, the case manager's supervisor shall review and approve encounter notes to indicate compliance with plan of care. At least monthly, the case manager's supervisor shall provide regular case and chart review and meet in-person with the case manager. Providers with a Human Care Agreement with the Department shall comply with the Department policy on supervision.

6339.8 Case Management shall not be considered a counseling/therapy service or activity. An individual performing both SUD Counseling/Therapy and Case Management as part of his or her normal duties shall maintain records that clearly document separate time spent on each of these functions, such as, work logs, encounter notes, and documentation in the client's record.

6339.9 Case Management services shall be provided by:

- (a) A Qualified Practitioner;
- (b) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field;

An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationships and the ability to negotiate complex service systems to obtain needed services and resources for individuals; or

- (c) Certified Recovery Coach
- (d) Certified Peer Specialist

6340 CORE SERVICE: CRISIS INTERVENTION

6340.1 Crisis Intervention is an immediate short-term treatment intervention, which assists a client to resolve an acute personal crisis that significantly jeopardizes the client's treatment, recovery progress, health, or safety. Crisis Intervention does not necessarily lead to a change in LOC or a change to the plan of care; however, if a change is needed, this service may be followed by an Ongoing Assessment.

6340.2 Crisis Intervention is a service available at all levels of care and can be provided to any individual in treatment, even if the service is not included on the plan of care.

- 6340.3 Crisis Intervention services must be documented using an encounter note that explains the crisis and the response.
- 6340.4 Qualified Practitioners may perform this service:
- (a) Qualified Physicians;
 - (b) Psychologists;
 - (c) LICSWs;
 - (d) LGSWs;
 - (e) APRNs;
 - (f) RNs;
 - (g) LISWs;
 - (h) LPCs;
 - (i) LGPCs (only for providers not operating under a Human Care Agreement)
 - (j) LMFTs; and
 - (k) CAC Is and CAC IIs.
- 6340.5 For providers with a Human Care Agreement with the Department, Crisis Intervention shall be billed in increments of fifteen (15)-minute units. The following limits shall apply:
- (a) Level 1: 80 Units
 - (b) Level 1 with MAT: 144 Units
 - (c) Level 2: 120 Units
 - (d) Level 3: 160 Units.
- 6341 CORE SERVICE: SUBSTANCE USE DISORDER COUNSELING/THERAPY**
- 6341.1 SUD Counseling/Therapy includes Individual, Family, and Group, and enhanced with Group-Psychoeducation Counseling.

- 6341.2 For providers with a Human Care Agreement with the Department, counseling/therapy shall be billed in increments of fifteen (15)-minute units, and a clinically appropriate combination of Individual, Family, and Group counseling/therapy and Group-Psychoeducation counseling is limited to the following (the Department can approve additional units with justification):
- (a) Level 1: Thirty-two (32) Units per week;
 - (b) Level 2: Eighty (80) Units per week; and
 - (c) Level 3: One hundred (100) Units per week.
- 6341.3 Individual Substance Use Disorder Counseling/Therapy is a face-to-face service with an authorized Qualified Practitioner for symptom and behavior management, development, restoration, or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills to facilitate long-term recovery.
- 6341.4 Individual SUD Counseling/Therapy addresses the specific issues identified in the plan of care. Individual counseling/therapy:
- (a) Shall be documented in an encounter note;
 - (b) Shall not be conducted within the same or overlapping time period as Medication Management;
 - (c) Shall not be considered or used as a Case Management service or activity; and
 - (d) Shall be performed by Qualified Practitioners:
 - (1) Qualified Physicians;
 - (2) Psychologists;
 - (3) ICSWs;
 - (4) LGSWs;
 - (5) APRNs;
 - (6) RNs;
 - (7) LISWs;
 - (8) LPCs;

- (9) LGPCs (only for providers not operating under a Human Care Agreement);
- (10) LMFTs; or
- (11) CAC Is and CAC IIs.

6341.5 Group counseling/ therapy includes: Cognitive Behavioral Groups, Support Groups, and Interpersonal Process Groups. Cognitive Behavioral Groups which has a trained facilitator utilizing a specific therapeutic model to alter thoughts and actions that lead to substance abuse. Support Groups which uplift members and provide a forum to share pragmatic information about maintaining abstinence and managing day to day, chemical free life. Interpersonal Process Groups which delve into major developmental issues that contribute to addiction or interfere with recovery.

The following provisions apply to Group SUD Counseling:

- (a) Group SUD Counseling/Therapy addresses the specific issues identified in the plan of care;
- (b) The focus of the group SUD counseling/therapy session shall be driven by the participant;
- (c) The number of individuals in a group SUD Counseling/Therapy session cannot be greater than the number referenced in 42 USC 1396d(i) which under current law is 42 USC 1905;
- (d) Group SUD Counseling/Therapy shall not be billed during recreational activities;
- (e) Group SUD Counseling/Therapy shall be performed by Qualified Practitioners:
 - (1) Qualified Physicians
 - (2) Psychologists;
 - (3) LICSWs;
 - (4) LGSWs;
 - (5) APRNs;
 - (6) RNs;

- (7) LI SWs;
- (8) LPCs;
- (9) LGPCs (only for providers not operating under a Human Care Agreement);
- (9) LMFTs; or
- (10) CAC Is and CAC IIs.

6341.6 Group SUD Counseling-Psychoeducation promotes help-seeking and supportive behaviors by working in partnership with clients to impart current information and facilitate group discussion through lecture, audio-visual presentations, handouts, etc. to assist with developing coping skills that support recovery and encourage problem-solving strategies for managing issues posed by SUDs. This service should also address HIV, STDs, and other infectious diseases; clients are not required to have one of these diseases to receive this education.

6341.7 Psychoeducational groups are designed to educate clients about substance abuse, and related behaviors and consequences. This type of group presents structured, group specific content, taught by a trained facilitator often using video, audio or lecture. An experienced group leader will facilitate discussions of the material presented. Psychoeducational groups provide information designed to have a direct application to clients' lives to include but are not limited to: developing self-awareness, to suggest options for growth and change, to identify community resources that can assist clients in recovery, to develop an understanding of the process of recovery, and to prompt people using substances to take action on their own behalf toward recovery.

6341.8 Group Counseling-Psychoeducation requires the following:

- (a) The subject of the counseling must be relevant to the client's needs as identified in his or her plan of care;
 - (b) This service must include facilitated group discussion of the relevant topic or topics;
 - (c) An encounter note for each participant shall be completed, which documents the individual's response to the group;
 - (d) A maximum of thirty (30) clients may participate in a single session; and Qualified Practitioners are authorized to perform the service.
- (1) Qualified Physicians;

- (2) Psychologists;
- (3) LICSWs;
- (4) LGSWs;
- (5) APRNs;
- (6) RNs;
- (7) LISWs;
- (8) LPCs;
- (9) LGPCs (only for providers not operating under a Human Care Agreement)
- (10) LMFTs; and
- (11) CAC Is and IIs.

6341.9

Family Counseling/Therapy is a planned, goal-oriented therapeutic interaction between a Qualified Practitioner and the client's family, with or without the client present. The aim of Family Counseling/Therapy is to improve the individual's functioning with his or her family and cultivate the awareness, skills, and supports to facilitate long term recovery. Family Counseling/Therapy must address specific issues identified in the plan of care. The following provisions apply to Family Counseling/Therapy:

- (a) Family Counseling/Therapy shall be documented using an encounter note; if the client is not present for the service, the note must explain how the session benefits the client;
- (b) A service encounter note documenting Family Counseling/Therapy shall clearly state the relationship of the participant(s) to the client;
- (c) Family Counseling/Therapy participants other than the client must meet the definition of "family member" in Section 6399; and
- (d) Qualified Practitioners authorized to provide Family Counseling/Therapy must be competent to work with families and should include:
 - (1) Qualified Physicians;
 - (2) Psychologists;

- (4) LICSWs;
- (5) LGSWs;
- (6) APRNs;
- (7) RNs;
- (8) LISWs;
- (9) LPCs;
- (10) LGPCs (only for providers not operating under a Human Care Agreement)
- (11) LMFTs; or
- (12) CAC Is and IIs.

6342 CORE SERVICE: DRUG SCREENING

- 6342.1 Drug Screening consists of toxicology sample collection and breathalyzer and urine testing to determine and detect the use of alcohol and other drugs.
- 6342.2 Providers reimbursed by the District for Drug Screening must comply with the Department policy on drug screening; those providers not reimbursed by the District must have their own drug screening policy.
- 6342.3 Toxicology sample collection involves the collection of biological specimens for drug analysis. The following provisions apply to toxicology sample collection:
- (a) The handling of biological specimens requires a chain of custody in accordance with District guidelines from the point of collection throughout the analysis process to ensure the integrity of the specimen;
 - (b) Toxicology sample collection shall be conducted to verify abstinence or use of substances to inform treatment;
 - (c) Toxicology sample collection shall include an in-person encounter with the client;
 - (d) Documentation of the toxicology sample collection service requires an encounter note, laboratory request, and recorded laboratory results from an approved laboratory;

- (e) Chain of custody for the toxicology specimen must be observed and documented in accordance with District guidelines; and
- (f) Individuals collecting the samples must be properly trained to do so.

6342.4 Breathalyzer testing is the collection and documentation of valid breath specimens for alcohol analysis in accordance with Department standards. A Breathalyzer is conducted to test for blood alcohol content to inform treatment for an individual. The following provisions apply to Breathalyzer services:

- (a) Breathalyzer testing requires an in-person collection of the sample;
- (b) Breathalyzer testing must be documented with an encounter note and recorded results;
- (c) The chain of custody must be kept in accordance with District guidelines; and
- (d) Individuals collecting the samples must be properly trained.

6343 SPECIALTY SERVICE: MEDICATION MANAGEMENT

6343.1 Medication Management shall include the coordination and evaluation of medications consumed by clients, monitoring potential side effects, drug interactions, compliance with doses, and efficacy of medications.

6343.2 Medication Management also includes the evaluation of a client's need for Medication Assisted Treatment (MAT), the provision of prescriptions, and ongoing medical monitoring/evaluation related to the use of psychoactive drugs.

6343.3 Medication Management is used to inform treatment and to assist with withdrawal management, as clinically appropriate.

6343.4 All providers certified as SMMIWM or Level 3 providers must be able to provide Medication Management.

6343.5 Medication Management requires in-person interaction with the client and may not be conducted at the same or overlapping times as any other service.

6343.6 The Qualified Practitioner performing the Medication Management service or the clinical care coordinator, if not the same individual, must coordinate with the client's primary care practitioner unless the client's record documents that the client refused to provide consent for the coordination.

6343.7 Documentation of Medication Management services shall include an encounter note and appropriately completed medication fields in the record, if applicable.

6343.8 Medication Management may be provided by Qualified Practitioners operating within the scope of their license.

- (a) Qualified Physicians;
- (b) APRN;
- (c) RNs;
- (d) LPNs; or
- (e) PAs.

6343.9 For providers with a Human Care Agreement with the Department, Medication Management shall be billed in increments of fifteen (15)-minute units. No more than ninety-six (96) units may be billed per LOC. Medication Management shall not be billed on the same day as SMMIWM. Medication Management shall not be billed for observing the self-administration of medication.

6344 SPECIALTY SERVICE: MEDICATION ASSISTED TREATMENT (MAT)

6344.1 MAT is the use of pharmacotherapy long-term treatment for opiate or other forms of dependence. A client who receives MAT must also receive SUD Counseling/Therapy. Use of this service should be in accordance with ASAM service guidelines and practice guidelines issued by the Department.

6344.2 Individuals appropriate for MAT must have an SUD that is appropriately treated with MAT in accordance with Federal regulations.

6344.3 MAT providers must ensure that individuals receiving MAT understand and provide written informed consent to the specific medication administered. No person under eighteen (18) years of age may be admitted to MAT unless a parent or legal guardian consents in writing to such treatment.

6344.4 MAT may be administered on an in-office basis or as take-home regimen. Both MAT administrations include the unit of medication and therapeutic guidance. For clients receiving a take-home regimen, therapeutic guidance must include additional guidance related to storage and self-administration. MAT providers must comply with all Department policies and Federal regulations concerning MAT.

6344.5 Therapeutic guidance provided during MAT shall include:

- (a) Safeguarding medications;

- (b) Possible side-effects and interaction with other medications;
 - (c) Impact of missing doses;
 - (d) Monitoring for withdrawal symptoms and other adverse reactions; and
 - (e) Appearance of medication and method of ingestion.
- 6344.6 The provision of MAT must be accompanied by a clinically appropriate array of SUD treatment services that include SUD Counseling/Therapy.
- 6344.7 For providers with a Human Care Agreement with the Department:
- (a) MAT medication is billed on a per-dose basis;
 - (b) A single fifteen (15)-minute administration session may be billed when an individual is receiving take-home doses in accordance with ASAM criteria and Department policy;
 - (c) A client can be prescribed a maximum of one dose/unit per day;
 - (d) An initial and second authorization is for a maximum of ninety (90) days each; subsequent authorizations cannot exceed one hundred and eighty (180) days each; and
 - (e) Prior authorization from the Department is required for more than two-hundred fifty (250) units of medication in one calendar year. The maximum number of MAT services over a twelve (12)-month period is three hundred and sixty five (365) units of medication and administration
- 6344.8 Providers shall have medical staff (MD, PA, APRN, or RN) on duty during all clinic hours. A physician shall be available on call during all clinic hours, if not present on site.
- 6344.9 A member of the medical staff must be available on call twenty-four (24) hours a day, seven (7) days a week.
- 6344.10 A physician must evaluate the client a minimum of once per month for the first year that a client receives MAT and a minimum of every six (6) months thereafter, in coordination with the plan of care and as needed.
- 6344.11 A provider must review the results of a client's physical, which has been completed within the past twelve (12) months, prior to prescribing or renewing a prescription for MAT.

6344.12 Documentation for this service must include medication log updates and an encounter note for each visit, which captures the therapeutic guidance provided.

6344.13 MAT may be provided by the following:

- (a) Qualified Physicians;
- (b) APRNs;
- (c) PAs (supervised by Qualified Physicians);
- (d) RNs; or
- (e) LPNs (supervised by an MD, RN, or APRN).

6345 SPECIALTY SERVICE: ADOLESCENT — COMMUNITY REINFORCEMENT APPROACH (ACRA)

6345.1 ACRA is a specialty service that is provided in conjunction with Level I or Level II.1 Outpatient treatment as a more targeted approach to treatment for youth and young adults ages twelve (12) to twenty-four (24) years old with co-occurring mental health and substance use disorders. ACRA services include approximately 10 individual sessions with the adolescent, 2 individualized sessions with the caregiver and 2 sessions with the adolescent and caregiver together in accordance with the procedures outlined in the ACRA evidence-based practice certification model.

6345.2 The provider must have the following ACRA-certified staff for each ACRA team:

- (a) A clinical supervisor, with ACRA clinical supervisor certification, who is also a Master's-level qualified practitioner; and
- (b) One (1) to four (4) clinicians with ACRA clinician certification who are either Master's-level qualified practitioners or Bachelor's-level qualified practitioners with at least five (5) years' experience working with behaviorally-challenged youth.

6345.3 ACRA practitioners must comply with the supervision, taping, feedback and coaching requirements of the ACRA certification.

6345.4 A minimum of four units (one hour) of ACRA services should be provided once per week. Level 1 or 2.1 services shall be provided as clinically appropriate.

6345.5 ACRA generally lasts up to six (6) months with the first three (3) months of services provided in the office setting and the last three (3) months of service

provided in the home or community setting, based on the client's needs and progress.

6345.6 ACRA may be provided by the following qualified practitioners who satisfy the requirements of Subsection 6344.2 above:

- (a) Qualified Physicians;
- (b) Psychologists;
- (c) LICSWs;
- (d) LGSWs;
- (e) APRNs;
- (f) RNs;
- (g) LISWs;
- (h) LPCs;
- (i) LGPCs (only for providers not operating under a Human Care Agreement);
- (j) LMFTs; or
- (k) CAC Is and IIs.

6346 RECOVERY SUPPORT – EVALUATION, ALCOHOL OR DRUG ASSESSMENT

6346.1 A Recovery Support Evaluation is a process used to evaluate and document a client's individual recovery support service needs, develop a comprehensive individual recovery support plan, and monitor client progress on achievement of goals and objectives every one hundred eighty (180) days.

6346.2 The purpose of the Recovery Support Evaluation is to identify domains that require support, using a Department-approved recovery support assessment tool, and to develop a recovery support plan.

6346.3 Recovery Support Evaluation requires an in-person encounter with the client and must be performed by staff trained to use the recovery support assessment tool.

- 6346.4 Required elements of a Recovery Support Evaluation include the completion of a Department-approved recovery support assessment tool and recovery support plan.
- 6346.5 Providers must document completion and client signatures for: consents, completion of the recovery support assessment tool and recovery support plan, client bill of rights, and release of information.
- 6346.6 A Recovery Support Evaluation shall take at least forty (40) minutes to complete.
- 6346.7 A maximum of two (2) occurrences of Recovery Support Evaluation are allowed every six (6) months. Additional Recovery Support Evaluations require approval from the Department.
- 6346.8 The clinical care coordinator is responsible for ensuring coordination if an individual is receiving treatment and recovery services from different providers. An individual receiving treatment and recovery services from different providers may receive Initial, Comprehensive, or Ongoing Assessment and a separate Recovery Support Evaluation as clinically indicated.
- 6346.9 An individual receiving treatment and recovery services from the same provider shall receive only the CAT and not a separate Recovery Support Evaluation or recovery support plan. The plan of care developed under the CAT shall include specific recovery goals and identify recovery support services.
- 6346.10 The following staff may perform this service:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field and training or relevant experience in substance use; or
 - (d) An individual with at least four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationships and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6347 CASE MANAGEMENT – RECOVERY SUPPORT

- 6347.1 Case Management, Recovery Support assists clients with the implementation of the recovery support plan, including but not limited to:

- (a) Scheduling of appointments, assisting in completing applications, facilitating transportation, tracking appointments, and collecting progress report information;
 - (b) Helping clients access the District service network and other community resources that help sustain recover and coordinating linkages such as vocational/educational services, housing services, judicial entities, childcare, public assistance, and social services.
- 6347.2 All Case Management, Recovery Support services must be authorized in the individual's recovery support plan or plan of care (if applicable).
- 6347.3 Additional key service functions of Case Management, Recovery Support include:
- (a) Monitoring service delivery by providers external to the RSS program and ensuring communication and coordination of services;
 - (b) Contacting individuals who have unexcused absences from program appointments or from other critical off-site service appointments to reengage the person and promote recovery efforts; and
 - (c) Locating and coordinating services and resources to resolve a client's crisis.
- 6347.4 If the client is also in active treatment, the treatment provider's staff shall provide these services through Case Management and Clinical Care Coordination. Case Management, Recovery Support shall not be billed while the client is in active treatment.
- 6347.5 Each client not in active treatment shall have a designated Recovery Support Manager. One (1) FTE is required for every fifty (50) clients.
- 6347.6 The recovery support manager's supervisor shall provide regular case and chart review, meet in-person with the case manager, and co-sign chart entries at least monthly to indicate compliance with the recovery support plan.
- 6347.7 RSS providers with a Human Care Agreement with the Department must comply with the Department policy on supervision.
- 6347.8 An encounter note is required at each provision of Case Management, Recovery Support.
- 6347.9 SUD Counseling/Therapy shall not be considered a Case Management, Recovery Support service or activity. An individual performing both SUD Counseling/Therapy and Recovery Support Management as part of his or her normal duties shall maintain records that clearly document separate time spent on

each of these functions, such as work logs, encounter notes, and documentation in the patients' records.

- 6347.10 Case Management, Recovery Support services shall be provided by one of the following:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; or
 - (d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6348 PREVENTION EDUCATION SERVICE, RECOVERY MENTORING

- 6348.1 Recovery Mentoring assists clients in reviewing the recovery support plan and reviewing strategies to achieve the identified goals and support abstinence, and assists the client to overcome barriers that may inhibit their recovery process and develop a network of supportive relationships.
- 6348.2 Recovery Mentoring provides ongoing support to a client in accordance with the recovery support plan.
- 6348.3 Recovery Mentoring requires an in-person or electronic encounter with a client in accordance with all documentation requirements as required in § 6322 of this chapter.
- 6348.4 Staff eligible to perform this service may be:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field and training or relevant experience in substance use; or
 - (d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service

delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6349 TRAINING AND SKILLS DEVELOPMENT, LIFE SKILLS - ADULT

6349.1 Life Skills Support Services help clients develop appropriate psychosocial skills needed to succeed in day-to-day life without the use of alcohol and drugs, including how to plan for and incorporate drug-free social activities into their recovery.

6349.2 The purpose of the Life Skills Support Services is to provide peer-to-peer support in a group or individual setting to promote individual and community change through lived experiences.

6349.3 Life Skills Support Services requires in-person group encounters with clients. A maximum of fifteen (15) clients may participate in a group session.

6349.4 A Life Skills Support Services session must be guided by a curriculum approved by the Department.

6349.5 Life Skills Support Services sessions must be documented using an encounter note.

6349.6 The following staff may perform Life Skills Support Services:

- (a) A Certified Recovery Coach;
- (b) A Certified Peer Specialist;
- (c) An individual with at least a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field and training or relevant experience in substance use; or
- (d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6350 RECOVERY SUPPORT SERVICES, SPIRITUAL SUPPORT

6350.1 Spiritual Support Services shall provide spiritual support, which incorporates faith and religion in the recovery process based on spiritual practices and principles.

- 6350.2 The purpose of Spiritual Support Services is to provide strategies on how a client can incorporate spirituality into their recovery process.
- 6350.3 The following provisions apply to Spiritual Support Services:
- (a) Provision of the service requires an in-person encounter with the client in a group setting;
 - (b) Only RSS clients may attend a Spiritual Support Services group session;
 - (c) The Spiritual Support Services group may not prohibit clients from participation based on spiritual or religious beliefs;
 - (d) A maximum of thirty (30) clients may participate in a Spiritual Support Services group.
- 6350.4 Spiritual Support Services include ongoing support services through persons with lived experiences and similar spiritual beliefs.
- 6350.5 Spiritual Support Services group sessions must be documented using an encounter note.
- 6350.6 Staff that performs this service should have a background of study in the spiritual support being provided.
- 6350.7 The following staff may perform this service:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; or
 - (d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.
- 6350.8 Providers of spiritual support services are prohibited from proselytizing with District funds or other government funds. Further, any providers of such support services may not coerce participants explicitly or implicitly into participating in any religious activity or service made available to participants, and any such

religious activities must be separate in time and location from government-funded spiritual support services.

6351 RECOVERY SUPPORT SERVICE, EDUCATION SERVICES

- 6351.1 Educational Support Services provide individual instruction and tools to expand a client's knowledge in specific recovery topics, including relapse prevention, employment preparation, money management, health and wellness, and family reunification, targeted to improve the client's functioning for substance-free living.
- 6351.2 The purpose of Education Support Services is to increase the client's ability to sustain long-term recovery.
- 6351.3 Education Support Services require an in-person encounter with the client.
- 6351.4 Educational Support Services must be documented using an encounter note.
- 6351.5 Educational Support Services maybe be provided on an individual or group basis.
- 6351.6 For individual Educational Support Services, a one-on-one interaction with the client is required.
- 6351.7 For group Educational Support Services, providers must use a curriculum approved for use in a group setting. Education Support Services groups may serve no more than thirty (30) clients.
- 6351.8 The following staff may perform this service:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with a bachelor's degree from an accredited college or university in social work, counseling, psychology, or closely related field; or
 - (d) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship, and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6352 RECOVERY SUPPORT SERVICE, RECOVERY SOCIAL ACTIVITIES – GROUP

- 6352.1 Recovery Social Activities provide group drug-free social activities for persons in recovery in order to demonstrate to the client how to maintain their recovery in drug-free environments.
- 6352.2 Recovery Social Activities require an in-person encounter with the client.
- 6352.3 Encounter note must demonstrate, not only the activity, but how the social activity is related to the client’s recovery plan.
- 6352.4 The following staff may perform this service:
- (a) A Certified Recovery Coach;
 - (b) A Certified Peer Specialist;
 - (c) An individual with at least a GED or high school diploma, four (4) years of relevant, qualifying full-time-equivalent experience in human service delivery who demonstrates skills in developing positive and productive community relationship and the ability to negotiate complex service systems to obtain needed services and resources for individuals.

6353 ENVIRONMENTAL STABILITY, SUPPORTED HOUSING

- 6353.1 The Environmental Stability service provides a structured and stable living environment and recovery support system that includes recovery housing for up to six (6) months. The objective of Environmental Stability is to prepare the client for independent living upon completion of the Environmental Stability Service.
- 6353.2 Eligible persons for this service must:
- (a) Be drug- and alcohol-free (with the exception of prescribed medication) or thirty (30) days prior to admission;
 - (b) Maintain sobriety throughout the program;
 - (c) Be in recovery from a diagnosed SUD;
 - (d) Be employed or participating in a structured training class or workforce-development program or a combination of both training and employment as deemed clinically appropriate;
 - (e) Deposit fifty percent (50%) of net income into the client’s escrow account for the purposes of post-environmental-stability independent living;

(f) Be enrolled and active in other Department-certified recovery support services; and

(g) Be prior authorized by the Department.

6353.3 The Environmental Stability provider shall comply with the Department's drug testing policy.

6353.4 Each Environmental Stability facility shall be for a single parent with a child or children.

6353.5 Environmental Stability providers must comply with the applicable of provisions of Section 6323 of this chapter governing residential recovery programs.

6353.6 No Environmental Stability program shall use a name on the exterior of the building or display any logo that distinguishes the facility from any other residence in the neighborhood.

6399 DEFINITIONS

6399.1 Definitions should read as follows:

Admission – Entry into the SUD treatment or recovery program after completion of intake and initial assessment and a determination that an individual is eligible for the program.

Advance Practice Registered Nurse (APRN) – A person who is licensed or authorized to practice as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)), and who has particular training and expertise in treating clients with SUD. An APRN is a Qualified Practitioner.

Affiliation Agreement – A legal agreement between a provider and another entity that describes how they will work together to benefit clients.

Applicant – A program that has applied to the Department for certification as an SUD treatment or recovery program.

Assessment – Gathers information and engages in a process with the client that enables the provider to establish (or rule out) the presence or absence of a co-occurring disorder. Determines the client's readiness for change, identifies client strengths or problem areas that may affect the processes of

treatment and recovery, and engages the client in the development of an appropriate treatment relationship.

Case Manager – Program staff who coordinate plans of cares and are especially designated to provide Case Management services with or on behalf of a client to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery.

Case Management – Refers to a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet the client's behavioral health needs through communication and available resources to promote quality cost-effective outcomes.

Certification – The process of establishing that the standards of care described in this chapter are met; or approval from the Department indicating that an applicant has successfully complied with all requirements for the operation of a substance use disorder treatment or recovery program in the District.

Certified Addiction Counselor (CAC) – A person who is certified to provide SUD counseling services in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)). A CAC may be certified as a CAC I or CAC II and must be supervised in accordance with Title 17 DCMR § 8715. A CAC is a Qualified Practitioner.

Certified Peer Specialist – An individual who has completed the Peer Specialists Certification Program requirements and is approved to deliver Peer Support Services within the District's public behavioral health network.

Certified Recovery Coach – A Certified Recovery Coach is an individual with any DBH-approved recovery coach certification.

Child Development Facility – A center, home, or other structure that provides care and other services, supervision, and guidance for children up to fifteen (15) years of age on a regular basis, regardless of its designated name, but does not include a public or private elementary or secondary school engaged in legally required educational and related functions.

Client – A person admitted to an SUD treatment or recovery program and is assessed to need SUD treatment services or recovery services.

Clinical Care Coordination – The Agency for Health Care Research and Quality (AHRQ) defines clinical care coordination as activities that bridge gaps along the care pathway (*i.e.*, care coordination activities or broad

approaches hypothesized to improve coordination of care). For a given client at a given point in time.

Clinical Care Coordinator – A licensed or certified Qualified Practitioner who has the overall responsibility for the development and implementation of the client's plan of care, is responsible for identification, coordination, and monitoring of non-SUD-treatment clinical services, and is identified in the client's plan of care. This qualified practitioner utilizes the case manager's role in the clinical and evaluative activities that identify the client's needs for substance abuse and other treatment services, community needs and other resources to achieve the goals and objectives identified in the plan of care. While the case manager establishes a framework of action to enable the client to achieve specified goals, the care coordinator collaborates with client and significant others in the coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs to be reported to the case manager. In essence, the Clinical Care Coordinator acts as a team leader for the various care providers serving a particular client.

Clinical Staff – Staff who are licensed, certified, or registered by the District Department of Health, Health Regulation and Licensing Administration (HRLA).

Communicable Disease – Any disease as defined in Title 22-B, § 201 of the District of Columbia Municipal Regulations (DCMR).

Continuity of Care Plan – A plan that provides for the ongoing care of clients in the event that a certified provider is no longer able to provide adequate care.

Co-Occurring Disorders – The presence of concurrent diagnoses of substance use disorder and a mental disease or disorder.

Crisis – An event that significantly jeopardizes the client's treatment, recovery progress, health or safety.

Department – The District of Columbia Department of Behavioral Health.

Director – The Director of the District of Columbia Department of Behavioral Health.

Discharge – The time when a client's active involvement with a program is terminated.

Discharge Planning – Activities with or on behalf of an individual to arrange for appropriate follow-up care to sustain recovery after being discharged from a program, including educating the individual on how to access or reinstate additional services, as needed.

Discrete Clients – Children accompanied by a parent into a treatment environment that are clinically determined to require admission as a client with their own separate and distinct assessment, plan of care, course of treatment, and record. Discrete Client does not apply to children who receive services primarily to support a parent's recovery.

District – The District of Columbia.

Drug – Substances that have the likelihood or potential to be misused or abused, including alcohol, prescription drugs, and nicotine.

Facility – Any physical premises which houses one or more SUD treatment or recovery programs.

Family Counseling/Therapy – A planned, goal-oriented therapeutic interaction between a Qualified Practitioner and the client's family, with or without the client present.

Family Member – Individual identified by the client as a person with whom the client has a significant relationship and whose participation is important to the client's recovery.

Group SUD Counseling/Therapy – A therapeutic service that facilitates disclosure of issues that permit generalization to a larger group; promotes help-seeking and supportive behaviors; encourages productive and positive interpersonal communication; and develops motivation through peer support, structured confrontation, and constructive feedback.

Individual Substance Use Disorder Counseling/Therapy – A face-to-face service with an authorized Qualified Practitioner for symptom and behavior management, development, restoration, or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills to facilitate long-term recovery.

Initial Plan of Care – The plan of care that is developed in conjunction with the first (non-comprehensive) diagnostic assessment conducted upon entry to a client's first LOC.

In-service Training – Activities undertaken to achieve or improve employees' competency to perform present jobs or to prepare for other jobs or promotions.

Interdisciplinary Team – Members of the SUD provider staff who provide services to the client, including the client, the client's CCC, a CAC, the client's case manager, and at least one QP with the license and ability to diagnose.

Licensed Graduate Professional Counselor (LGPC) – A person licensed as a graduate professional counselor in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)) applicable District laws and regulations. An LGPC is a Qualified Practitioner only for providers not providing services pursuant to a Human Care Agreement with the Department and must be appropriately supervised.

Licensed Graduate Social Worker (LGSW) – A person licensed as a graduate social worker in accordance with applicable District laws and regulations.

Licensed Independent Clinical Social Worker (LICSW) – A person licensed as an independent clinical social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Licensed Independent Social Worker (LISW) – A person licensed as a licensed independent social worker in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Licensed Marriage and Family Therapist (LMFT) – A person licensed as a marriage and family therapist in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Licensed Practical Nurse (LPN) – A person licensed as practical nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Licensed Professional Counselor (LPC) - A professional counselor licensed in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)).

Major Investigations – Refers to the detailed inquiry or systematic examination of deaths related to suicide, unexpected deaths at a facility, death of a

child or youth, and any other incident that the Department determines requires a major investigation.

Major Unusual Incidents – Adverse events that can compromise the health, safety, and welfare of persons; employee misconduct; fraud; and actions that are violations of law and policy.

Medicaid – The program described in the District of Columbia State Medicaid Plan, approved by CMS, and administered by the Department of Health Care (DHCF) to enable the District of Columbia to receive Federal financial assistance for a medical assistance program and other purposes as permitted by law.

Medical Necessity (or Medically Necessary) – Health care services or products that a prudent provider would provide to a client for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of health care practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the client or treating provider.

Medical Waste – Any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or in the testing of biologicals, including but not limited to: soiled or blood-soaked bandages, needles used to give shots or draw blood, and lancets.

Mental Illness – A diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the DSM-IV or its ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance abuse disorders, mental retardation, and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable mental illness.

Notice of Infraction – An action taken by agencies to enforce alleged violations of regulatory provisions.

Opioid – A psychoactive substance in the narcotic class derived from opium, including natural and synthetic compounds. Substances in this class may produce pharmacological effects such as physical withdrawal symptoms when used for non-medicinal purposes.

Organizational onboarding – the mechanism through which new employees acquire the necessary knowledge, skills, and behaviors to become

effective performers. It begins with recruitment and includes a series of events, one of which is employee orientation, which helps new employees understand performance expectations and contribute to the success of the organization.

Organized Treatment Services – Treatment that consists of a scheduled series of structured, face-to-face or group therapeutic sessions organized at various levels of intensity and frequency in order to assist the clients served in achieving the goals identified in the person-centered plans of care. Also may be called structured treatment services.

Outcomes of Care – The results of a course of treatment, including abstinence or reduction of abuse of substances, elimination or reduction of criminal activity, reduction of antisocial activity associated with SUD, reduction in need for medical or mental health services, reduction of need for SUD treatment, increase in pro-social involvement, and increase in productivity and employment.

Outpatient Services – Therapeutic services that are medically or psychologically necessary, provided to a client according to an individualized plan of care, and do not require the client's admission to a hospital or a non-hospital residential facility. The term "outpatient services" refers to services that may be provided (on an ambulatory basis) in a hospital; a non-hospital residential facility; an outpatient treatment facility; or the office of a person licensed to provide SUD treatment services.

Outreach - Efforts to inform and facilitate access to a program's services.

Parent – A person who has custody of a child as a natural parent, stepparent, adopted parent, or has been appointed as a guardian for the child by a court of competent jurisdiction.

Plan of Care Development – Developing a comprehensive set of staged, integrated program placements and treatment interventions for each disorder that is adjusted as needed to take into account issues related to the other disorder. The plan is matched to the individual needs, readiness, preferences, and personal goals of the client.

Plan of Care – The individualized plan of care for children and youth or adults, which is the result of the Diagnostic/Assessment. All services must be guided by a valid Plan of Care. The Plan of Care includes the client's treatment goals, strengths, challenges, objectives, and interventions. The Plan of Care is based on the client's identified needs as reflected by the Diagnostic/Assessment, the client's expressed needs, and referral information.

Postpartum – A period of time for up to twenty-four (24) months after birth of an infant.

Privacy Officer – A person designated by an organization that routinely handles protected health information, to develop, implement, and oversee the organization's compliance with the U.S. Health Insurance Portability and Accountability Act (HIPAA) privacy rules, 42 CFR part 2, and D.C. Mental Health Information Act.

Program – An SUD Treatment or Recovery Program certified by the Department at a specific Level of Care to provide substance use treatment or recovery services.

Program Director – An individual having authority and responsibility for the day-to-day operation of an SUD treatment or recovery program.

Protected Health Information (PHI) – Any written, recorded, electronic (ePHI), or oral information which either (1) identifies, or could be used to identify, a client; or (2) relates to the physical or mental health or condition of a client, provision of health care to a client, or payment for health care provided to a client. PHI does not include information in the records listed in 45 CFR § 160.103.

Provider – An entity certified by the Department to provide either SUD treatment or recovery support services or both.

Psychiatrist – A physician who has completed all training in a program in psychiatry accredited by the Accreditation Council for Graduate Medical Education, approved by the American Board of Psychiatry and Neurology, Inc., or is board certified in psychiatry. A psychiatrist is a qualified practitioner.

Psychologist – A person licensed to practice psychology in accordance with applicable District laws and regulations. A psychologist is a Qualified Practitioner.

Qualified Physician – A person who is licensed or authorized to practice medicine pursuant to Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)) and eligible for a waiver pursuant to the federal Drug Addiction Treatment Act of 2000 or subsequent amendments.

Qualified Practitioner (QP) – Clinical staff authorized to provide treatment and other services based on their license and the definition of the service.

Recovery Support Plan – A document developed during a Recovery Support Evaluation that outlines the client's needs, goals, and recovery services to be utilized to achieve those goals. The Recovery Support plan assists a person in recovery to develop goals and objectives to maintain their sobriety in the community with supports from family, community and recovery support programs.

Recovery Support Services – Non-clinical services provided to a client by a certified RSS provider to assist him or her in achieving or sustaining recovery from an SUD.

Registered Nurse (RN) – A person licensed as a registered nurse in accordance with Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.* (2016 Repl. & 2018 Supp.)). An RN is a Qualified Practitioner.

Representative Payee – An individual or organization appointed by the Social Security Administration to receive Social Security or Supplemental Security Income (SSI) benefits for someone who cannot manage or direct someone else to manage his or her money.

Research – Experiments including new interventions of unknown efficacy applied to clients whether behavioral, psychological, biomedical, or pharmacological.

Residential Program – Any treatment or recovery program which houses clients overnight, including Level III treatment programs and environmental stability programs.

Screening – Determines the likelihood that a client has co-occurring substance use and mental disorders or that his or her presenting signs, symptoms, or behaviors may be influenced by co-occurring issues. The purpose is not to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services.

Substance Use Disorder (SUD) – A chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the beneficiary continues using a substance despite significant substance-related problems. A diagnosis of a SUD requires a beneficiary to have had persistent, substance related problem(s) within a twelve (12)-month period.

Treatment – A therapeutic effort to improve a client's cognitive or emotional conditions or the behavior of a client, consistent with generally recognized

principles or standards in the SUD treatment field, provided or supervised by a Qualified Practitioner.

Trained medication employee (TME) – an individual employed to work in a program who has successfully completed a training program approved by the Board of Nursing and is certified to administer medication to program participants.

Withdrawal Management – A program designed to achieve systematic reduction in the degree of physical dependence on alcohol or drugs.

DEPARTMENT OF HEALTH

NOTICE OF SECOND EMERGENCY RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in Section 1 of An Act To authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939 (53 Stat. 1408; D.C. Official Code § 7-131 (2018 Repl.)), and Mayor's Order 98-141, dated August 20, 1998, hereby gives notice of adoption, on an emergency basis, of the following amendments to Chapter 2 (Communicable and Reportable Diseases) of Title 22 (Health), Subtitle B (Public Health and Medicine) of the District of Columbia Municipal Regulations (DCMR) .

The rules add reporting requirements and procedures for reporting all maternal mortalities, defined as pregnancy-associated and pregnancy-related deaths (as defined in Section 2 of the Maternal Mortality Review Committee Establishment Act of 2018, effective June 5, 2018 (D.C. Law 22-111; D.C. Official Code § 7-671.01) (2019 Repl.)), as well as deaths resulting from Severe Maternal Morbidity (as defined in Section 299 of the rulemaking). The definition of Severe Maternal Morbidity incorporates twenty-one specific morbidity indicators identified by the U.S. Centers for Disease Control and Prevention.

This second emergency rulemaking is necessary to immediately implement efforts to reduce maternal mortalities by providing better and more timely data to the Maternal Mortality Review Committee established by Section 3 of the Maternal Mortality Review Committee Establishment Act of 2018, effective June 5, 2018 (D.C. Law 22-111; D.C. Official Code § 7-671.02 (2019 Supp.)), and to Department of Health officials responsible for reducing all maternal mortalities, including pregnancy-associated deaths, pregnancy-related deaths, and deaths from Severe Maternal Morbidity.

A Notice of Emergency and Proposed Rulemaking was adopted on July 25, 2019 and published in the *D.C. Register* on November 29, 2019 at 66 DCR 15765. This second emergency rulemaking is identical substantively to the Notice of Emergency and Proposed Rulemaking adopted on July 25, 2019 and published in the *D.C. Register* on November 29, 2019. This second emergency rulemaking was adopted on November 12, 2019, and became effective immediately on that date. The emergency rulemaking will expire one hundred twenty (120) days from the date of adoption (*i.e.*, on March 11, 2020), or upon publication of a Notice of Final Rulemaking in the *D.C. Register*, whichever occurs first.

The final rules will become effective upon publication of a Notice of Final Rulemaking in the *D.C. Register*.

Chapter 2, COMMUNICABLE AND REPORTABLE DISEASES, of Title 22-B DCMR, PUBLIC HEALTH AND MEDICINE, is amended as follows:

A new Section 219 is added to read as follows:

219 MATERNAL MORTALITY REPORTING

219.1 Each health care facility shall report to the Department all maternal mortalities, as defined in § 299.1.

219.2 All health care facilities shall report all maternal mortalities required by § 219.1 in writing within five (5) days after death and before final disposition of the corpse.

Section 299, DEFINITIONS, Subsection 299.1, is amended by adding the following definitions:

Maternal Mortality:

- (a) A pregnancy-associated death or pregnancy-related death, as those terms are defined in Section 2 of the Maternal Mortality Review Committee Establishment Act of 2018, effective June 5, 2018 (D.C. Law 22-111; D.C. Official Code § 7-671.01)); or
- (b) A death of a woman that resulted from Severe Maternal Morbidity.

Severe Maternal Morbidity – unexpected outcomes of labor and delivery that result in significant short-term consequences or long-term consequences to a woman’s health that include at least one of the following twenty-one specific morbidity indicators specified by the U.S. Centers for Disease Control and Prevention:

- Acute myocardial infarction,
- Acute renal failure,
- Adult respiratory distress syndrome,
- Amniotic fluid embolism,
- Aneurysm,
- Cardiac arrest/ventricular fibrillation,
- Disseminated intravascular coagulation,
- Eclampsia,
- Heart failure/arrest during surgery or procedure,
- Puerperal cerebrovascular disorders,
- Pulmonary edema/acute heart failure,
- Severe anesthesia complications,
- Sepsis,
- Shock,
- Sickle cell disease with crisis,
- Air and thrombotic embolism,
- Blood transfusion,
- Conversion of cardiac rhythm,
- Hysterectomy,
- Temporary tracheostomy, and
- Ventilation.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

Mayor's Order 2019-132
December 18, 2019

SUBJECT: Reappointments – For-Hire Vehicle Advisory Council

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in me as Mayor of the District of Columbia by section 422(2) of the District of Columbia Home Rule Act, approved December 24, 1973, 87 Stat. 790, Pub. L. 93-198, D.C. Official Code § 1-204.22(2) (2016 Repl.), in accordance with section 2 of the Confirmation Act of 1978, effective March 3, 1979, D.C. Law 2-142, D.C. Official Code § 1-523.01 (2016 Repl. and 2019 Supp.), and pursuant to the Department of For-Hire Vehicles Establishment Act of 1985, effective June 22, 2016, D.C. Law 21-124, D.C. Official Code § 50-301.10a (2019 Supp.), it is hereby **ORDERED** that:

1. The following persons are reappointed as members of the For-Hire Vehicle Advisory Council (“Council”), for terms to end July 18, 2022:
 - a. **ELLIOTT FERGUSON**, as a representative of the hospitality or tourism industry in the District;
 - b. **LINWOOD JOLLY**, as a District resident unaffiliated with the vehicle for-hire industry, who regularly use public or private vehicles-for-hire in the District; and
 - c. **JEFFREY SCHAEFFER**, as a representative of companies providing vehicle-for-hire industry services in the District.

2. **EFFECTIVE DATE:** This Order shall become effective immediately.


MURIEL BOWSER
MAYOR

ATTEST: 
KIMBERLY A. BASSETT
SECRETARY OF STATE OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

Mayor's Order 2019-133
December 18, 2019

SUBJECT: Reappointment — District of Columbia Higher Education Licensure Commission

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in me as Mayor of the District of Columbia by section 422(2) of the District of Columbia Home Rule Act, approved December 24, 1973, 87 Stat. 790, Pub. L. 93-198, D.C. Official Code § 1-204.22(2) (2016 Repl.), and in accordance with section 4 of the Education Licensure Commission Act of 1976, effective April 6, 1977, D.C. Law 1-104, D.C. Official Code § 38-1304 (2019 Repl.), it is hereby **ORDERED** that:

1. **ANITA SHELTON**, is reappointed as a member of the District of Columbia Higher Education Licensure Commission, for a term to end August 15, 2022.
2. **EFFECTIVE DATE:** This Order shall become effective immediately.



 MURIEL BOWSER
 MAYOR

ATTEST: 

 KIMBERLY A. BASSETT
 SECRETARY OF STATE OF THE DISTRICT OF COLUMBIA

**APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL
REQUEST FOR PROPOSALS**

Douglas Knoll Waterproofing

AppleTee Early Learning Public Charter School is seeking an organization to provide **Basement and Foundation Waterproofing**. Please contact Dwight Crawford for details on the RFP. The deadline for responding to the RFP is January 10, 2019 at 5pm. Contact Dwight Crawford, Chief Operating Officer, 1801 Mississippi Avenue SE, Washington, DC 20020, or e-mail at Dwight.crawford@appletreeinstitute.org.

OFFICE ON ASIAN AND PACIFIC ISLANDER AFFAIRS
COMMISSION ON ASIAN AND PACIFIC ISLANDER COMMUNITY
DEVELOPMENT

Wednesday, December 18, 2019, 6:30 pm
441 4th Street NW Room 721 North, Washington, DC 20001
Call-in: (877) 787-5492, Passcode: 9401470

Agenda

Call to Order

Introduction of Commissioners

Quorum

Approval of Agenda

Approval of November 2019 Meeting Minutes

Executive Reports and Business Items

1. Director's Report, Director Ben de Guzman, MOAPIA
2. Commission Task Forces
3. Commission Meeting Operating Procedures

Miscellaneous Items

Meeting Adjournment

Next Meeting:

Wednesday, January 15, 2020, 6:30 pm

MOAPIA

441 4TH St NW, Room 721N, Washington, DC 20001

Questions:

John Tinpe Chairman, John.Tinpe@dcbc.dc.gov

Ben Takai, Vice Chair & Secretary BenTakai@dcbc.dc.gov

Henry Duong, MOAPIA Henry.Duong@dc.gov

www.apia.dc.gov

DEPARTMENT OF BEHAVIORAL HEALTH

NOTICE

The Director of the Department of Behavioral Health (DBH), pursuant to the authority set forth in sections 5113, 5115, 5117, 5118 and 5119 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-0061; D.C. Official Code §§ 7-1141.02, 7-1141.04, 7-1141.06, 7-1141.07 and 7-1141.08)(2013 Supp.), hereby gives notice that effective December 20, 2019, DBH will not accept applications from community-based organizations seeking certification as a provider of Mental Health Rehabilitation Services (MHRS) as defined by Chapter 34, Title 22-A of the District of Columbia Municipal Regulations, or Substance Use Disorder (SUD) services as defined by Chapter 63, Title 22-A of the District of Columbia Municipal Regulations, except as provided below. Applications submitted on or after December 20, 2019 for services not included below will be returned to the provider and will not be reviewed or processed by DBH.

Until further notice, the Department will only accept certification applications for the following services:

1. All SUD services, as defined by Chapter 63, Title 22-A, District of Columbia Municipal Regulations;
2. All MHRS, as defined by Chapter 34, Title 22-A, District of Columbia Municipal Regulations, limited to community-based organization with a Department of Behavioral Health grant to provide school-based mental health services;
3. Trauma Recovery and Empowerment Model (TREM), and 2) Trauma Systems Therapy (TST), as defined by Chapter 34, Title 22-A, District of Columbia Municipal Regulations, limited to currently certified Core Service Agencies;
4. Child-Parent Psychotherapy for Family Violence and Community-Based Intervention Level IV (Functional Family Therapy), as defined by Chapter 34, Sections 3417 and 3422, respectively, Title 22-A, District of Columbia Municipal Regulations, limited to currently certified Core Service Agencies serving children and youth.

This notice is solely for parties interested in certification. Obtaining certification does not guarantee that the applicant will receive a Human Care Agreement or local-only funding. Successful applicants must meet all contract requirements as determined by the Office of Contracting and Procurement prior to receiving a Human Care Agreement and the award of a Human Care Agreement is subject to availability of funds.

All questions regarding this Notice should be directed to Christine Phillips, DBH Division of Certification, at 64 New York Ave. NE, 3rd floor, Washington D.C. 20002; e-mail: christine.phillips@dc.gov; telephone: (202) 299-5354.

OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE

A NOTICE PERTAINING
TO THE DISTRICT OF COLUMBIA ESTATE TAX RETURN
FOR A DECEDENT’S GROSS ESTATE
WHEN THE DATE OF DEATH IS ON OR AFTER JANUARY 1, 2020

THE ZERO BRACKET AND UNIFIED CREDIT AMOUNTS FOR TAX YEAR 2020

Where the **zero bracket amount** is the amount of a decedent’s gross taxable estate that is exempt from the District Estate Tax, D.C. Code § 47-3701 states that the **zero bracket amount** shall be \$5.6 million but increased annually by a cost-of living adjustment commencing on January 1, 2019. This statute also states that the **unified credit** shall be \$2,185,800.00 but increased annually by a cost-of living adjustment commencing on January 1, 2019.

The Washington Area Average CPI value for Calendar Year 2017 ¹ :	256.22
The Washington Area Average CPI value for Year 2019 ² :	263.65
The percent change in the index for the above time period:	2.90%

Therefore, commencing on January 1, 2020:

The zero bracket amount shall be	\$5,762,400.00
And, the unified credit shall be	\$2,249,188.00

¹ The base year is the 12-month period beginning January 1, 2017.

² The applicable comparison time period is the 12-month period ending on July 31, 2019.

OFFICE OF THE CHIEF FINANCIAL OFFICER
Office of Revenue Analysis

NOTICE of INCREASES
for the 2020 HOMESTEAD DEDUCTION,
TRASH COLLECTION CREDIT AMOUNT and SENIOR INCOME THRESHOLD

THE REAL PROPERTY TAX

I. The Homestead Deduction Amount

Per the D.C. Code § 47-850, et seq., the annual Homestead Deduction amount for tax year 2020 is adjusted in the following manner

The Washington Area Average CPI value for Tax Year 2011:	235.45
The Washington Area Average CPI value for Tax Year 2019:	264.05
The percent change in the index during the above time period:	12.14%

Therefore, effective Tax Year 2020 (beginning October 1, 2019):

- **the Homestead Deduction amount will be¹ \$75,700.00**

II. The Condominium and Cooperative Trash Collection Credit Amount

Per the D.C. Code § 47-872, et seq., the annual Trash Collection Credit amount for tax year 2020 is adjusted in the following manner

The Washington Area Average CPI value for Calendar Year 2018:	261.37
The Washington Area Average CPI value for Calendar Year 2019:	264.70
The percent change in the index during the above time period:	1.28%

Therefore, effective Tax Year 2020 (beginning October 1, 2019):

- **the Trash Collection Trash Credit amount will be² \$112.00**

III. The Senior Citizen or Disabled Real Property Tax Relief Income Threshold

¹ Annual dollar amount changes are rounded down to the nearest \$50.00 increment.

² Annual dollar amount changes are rounded to the nearest whole dollar.

Per the D.C. Code § 47-863, the maximum household annual gross income for the real property tax senior citizen or disabled tax relief for tax year 2020 is adjusted in the following manner

The Washington Area Average CPI value for Tax Year 2013:	245.28
The Washington Area Average CPI value for Tax Year 2019:	264.05
The percent change in the index during the above time period:	7.65%

Therefore, effective Tax Year 2020 (beginning October 1, 2019):

- the household federal adjusted gross income for the real property tax senior citizen or disabled tax relief shall be³ **\$134,550.00**

A Summary of Homestead Deduction, Trash Credit and Income Threshold Amounts for Tax Year 2020			
	Base Amounts	CPI Adjustment Factor*	2020 Amounts
Homestead Deduction	\$67,500.00	1.1214	\$75,700.00
Trash Collection Credit	\$111.00	1.0128	\$112.00
Senior Citizen Maximum Income Threshold	\$125,000.00	1.0765	\$134,550.00

Source: U.S. Bureau of Labor Statistics, data accessed December 12, 2019

³ Annual dollar amount changes are rounded down to the nearest \$50.00 increment.

CREATIVE MINDS INTERNATIONAL PUBLIC CHARTER SCHOOL**REQUEST FOR PROPOSALS****Special Education Program Support**

Creative Minds International PCS located in Washington DC invites proposals for Special Education Program Support. Submission deadline is 12:00 PM Eastern Time on January 9, 2020.

To request full scope and/or seek additional information, please email:

Heather Hesslink
Director of Operations & Compliance
heather.hesslink@creativemindspcs.org

DC SCHOLARS PUBLIC CHARTER SCHOOL**NOTICE OF INTENT TO ENTER A SOLE SOURCE CONTRACT****Special Education Consultant**

DC Scholars Public Charter School (DCSPCS) intends to enter into a sole source contract with Laura Ressler for contracted Special Education coaching and consulting in February 2020 for services through the end of the 2019-20 school year. The decision to sole source is due to the fact that DC Scholars Public Charter School previously partnered with Laura Ressler for Special Education consulting services from October 2019 – January 2020. DCSPCS anticipates that the combined fall and spring consulting agreements will exceed \$25,000 within FY2020.

In school year 2019-20, consultant Laura Ressler will support schoolwide special education questions and needs at DC Scholars. Ms. Ressler will supervise and coach special education leaders, ensure compliance with ELL regulations, and support and coach the ELL teacher. In this role, Ms. Ressler will also oversee and support the Response to Intervention (RTI) program in elementary and middle school, including but not limited to observing RTI meetings, reviewing RTI systems and processes, and evaluating the quality of RTI meetings. Laura Ressler is uniquely qualified to continue this partnership and has a proven history in leading special education compliance and coaching special education teachers and leaders.

The Sole Source Contract will be awarded at the close of business on January 7, 2020. If you have questions or concerns regarding this notice, contact **Emily Stone** at estone@dcscholars.org no later than **5:00 pm on January 7, 2020**.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF DISABILITY RIGHTS

*DC—ONE COMMUNITY FOR ALL: OLMSTEAD WORKING GROUP***NOTICE OF UPCOMING PUBLIC MEETING****Olmstead Working Group Meeting****Open to the Public****Tuesday, January 7, 2020****4 pm-6 pm****The meeting will be held at:****Shaw Watha T. Daniel Neighborhood Library****Meeting Room****1630 7th St NW****Washington, DC 20001**

The DC Office of Disability Rights (ODR) invites members of the public to attend the first 2020 Olmstead Working Group meeting to begin discussion and development of the District of Columbia Government's next multi-year Olmstead Community Integration Plan (the Plan).

The Plan is a document that explains the supports put in place by the District Government to help residents to receive care in less restrictive settings, for example helping those with disabilities who have been living in institutions to transition to the community, and to make meaningful choices about how they want to live, work, and participate in community life. The Plan strives to keep residents with disabilities in the community while providing home and community-based services through Medicaid waiver programs and other supports.

The meeting will be held at the Shaw Neighborhood Library on Tuesday, January 7, 2020, from 4 pm to 6 pm. The closest Metro station is Shaw-Howard University.

For more information on the current District Olmstead Community Integration Plan, *DC--One Community for All: 2017-2020*, please visit: <https://odr.dc.gov/page/olmstead>. Pending development of the next Plan with interested stakeholders and community members, the District will continue to report on the Year Three Action Items outlined in the current Plan.

Individuals wishing to request a reasonable accommodation for this meeting should contact Jessica Hunt at Jessica.hunt@dc.gov or 202-727-0287.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT ON DISABILITY SERVICES

NOTICE OF PUBLIC MEETINGS

D.C. Statewide Independent Living Council (SILC) 2020 Meeting Schedule

Department on Disability Services
Rehabilitation Services Administration
One Independence Square
250 E Street, SW
Washington, DC 20024

The D.C. Statewide Independent Living Council (SILC) will hold public meetings regarding the operation of the D.C. independent living program, as mandated by Title VII of the Rehabilitation Act of 1973, as amended. The following meetings are to be conducted from 12 noon to 2:00 pm on the following dates:

Date	Location
Thursday, January 23, 2020*	250 E Street, SW
Thursday, March 26, 2020	2600 12 th Street, NE
Thursday, May 28, 2020	2600 12 th Street, NE
Thursday, July 23, 2020	2600 12 th Street, NE
Thursday, September 24, 2020	2600 12 th Street, NE

SILC general meetings are open to the public. **These public meetings will be held at the D.C. Center for Independent Living, which is located to 2600 12th Street, NE, Washington, DC 20018.**

Please note that the meeting on January 23, 2020 (marked *) is a special meeting from 10:00 am to 4:00 pm at the Department on Disability Services, which is located at 250 E Street, SW, Washington, DC 20024, in the First Floor Conference Room. The public is invited to this special meeting, but their participation shall be limited as special meetings are for member orientation/training, discussion and report completion.

Persons who wish to attend a meeting and need additional information or special accommodations should contact Ms. Dahlia Johnson at least seven (7) calendar days prior to the scheduled meeting date at (202) 442-8748, or by email at dahlia.johnson@dc.gov.

EARLY CHILDHOOD ACADEMY PUBLIC CHARTER SCHOOL**NOTICE OF INTENT TO ENTER A SOLE SOURCE CONTRACT
ADP**

Early Childhood Academy Public Charter School (ECA) intends to enter into a sole source contract with ADP Workforce Now Comprehensive HR Services of Roseland NJ. ADP offers industry-leading online payroll and HR solutions, plus tax, compliance, benefit administration and more.

ECA uses ADP for its payroll and benefits processing, and further seeks to increase additional services to include HR Solutions, talent, time, tax and its Comprehensive Market Solutions.

For further information regarding this notice, contact Debra Robinson Foster at dfoster@ecapcs.org no later than 12:00 pm on Friday, January 3, 2020.

DEPARTMENT OF ENERGY AND ENVIRONMENT

**NOTICE OF FILING OF AN APPLICATION
TO PERFORM VOLUNTARY CLEANUP****340 Morse Street, NE**

Pursuant to § 636.01(a) of the Brownfield Revitalization Amendment Act of 2000, effective June 13, 2001 (D.C. Law 13-312; D.C. Official Code §§ 8-631 et seq., as amended April 8, 2011, DC Law 18-369 (herein referred to as the “Act”)), the Voluntary Cleanup Program in the Department of Energy and Environment (DOEE), Land Remediation and Development Branch, is informing the public that it has received an application to participate in the Voluntary Cleanup Program (VCP). The applicant for the property located at 340 Morse Street, NE, Washington, DC 20002 is Grosvenor USA Limited, c/o Jonathan Carr, 1701 Pennsylvania Avenue, Suite 450, Washington DC, 20006. The application identifies the presence of petroleum compounds, Polycyclic Aromatic Hydrocarbons (PAH), trace PCBs in soil, and petroleum compounds and chlorinated solvents in groundwater. The applicant will re-develop the site with a building comprising of two below-grade levels of parking, retail, mail storage and other amenity spaces on the first floor and residential for floors 2 through 13.

Pursuant to § 636.01(b) of the Act, this notice will also be mailed to the Advisory Neighborhood Commission (ANC-5D01) for the area in which the property is located. The application is available for public review at the following location:

Voluntary Cleanup Program
Department of Energy and Environment (DOEE)
1200 First Street, NE, 5th Floor
Washington, DC 20002

Interested parties may also request a copy of the application and supporting documents by contacting the Voluntary Cleanup Program at the above address or by calling (202) 535-1771. An electronic copy of the application may be obtained by contacting Kokeb Tareegn, Environmental Engineer at Kokeb.Tareegn@dc.gov.

Written comments on the proposed approval of the application must be received by the VCP program at the address listed above within twenty one (21) days from the date of this publication. DOEE is required to consider all relevant public comments it receives before acting on the application, the cleanup action plan, or a certificate of completion.

Please refer to Case No. VCP2019--065 in any correspondence related to this application.

DEPARTMENT OF ENERGY AND ENVIRONMENT**PUBLIC NOTICE**

Notice is hereby given that, pursuant to 20 DCMR § 210, the Air Quality Division (AQD) of the Department of Energy and Environment (DOEE), located at 1200 First Street NE, 5th Floor, Washington DC, intends to issue air quality permit Nos. 7222, 7223, and 7224 to the U.S. Department of Homeland Security to operate three (3) identical 1,825 kWe diesel emergency generator sets, each powered by a 2,876 hp diesel-fired engine, located at 3801 Nebraska Avenue NW, Washington DC. The contact person for facility is Chris Mills, St. Elizabeths Program Manager, at (202) 854-2501. The applicant's mailing address is 3801 Nebraska Avenue NW Washington, DC 20016.

The proposed emission limits are as follows:

- a. Visible emissions shall not be emitted into the outdoor atmosphere from this generator, except that discharges not exceeding forty percent (40%) opacity (unaveraged) shall be permitted for two (2) minutes in any sixty (60) minute period and for an aggregate of twelve (12) minutes in any twenty-four hour (24 hr.) period during start-up, cleaning, adjustment of combustion controls, or malfunction of the equipment [20 DCMR 606.1].
- b. An emission into the atmosphere of odorous or other air pollutants from any source in any quantity and of any characteristic, and duration which is, or is likely to be injurious to the public health or welfare, or which interferes with the reasonable enjoyment of life or property is prohibited. [20 DCMR 903.1]

The estimated maximum emissions from the emergency generator sets are as follows:

Pollutant	Maximum Annual Emissions (tons/yr)	
	Each Generator	All Three Generators
Total Particulate Matter (PM Total)	0.20	0.60
Sulfur Dioxide (SO ₂)	0.003	0.01
Nitrogen Oxides (NO _x)	6.90	20.70
Volatile Organic Compounds (VOC)	0.20	0.61
Carbon Monoxide (CO)	1.58	4.75

The permit application and supporting documentation, along with the draft permit are available for public inspection at AQD and copies may be made available between the hours of 8:15 A.M. and 4:45 P.M. Monday through Friday. Interested parties wishing to view these documents should provide their names, addresses, telephone numbers and affiliation, if any, to Stephen S. Ours at (202) 535-1747.

Interested persons may submit written comments or may request a hearing on this subject within 30 days of publication of this notice. The written comments must also include the person's name, telephone number, affiliation, if any, mailing address and a statement outlining the air quality

issues in dispute and any facts underscoring those air quality issues. All relevant comments will be considered in issuing the final permit.

Comments on the proposed permit and any request for a public hearing should be addressed to:

Stephen S. Ours
Chief, Permitting Branch
Air Quality Division
Department of Energy and Environment
1200 First Street NE, 5th Floor
Washington, DC 20002
Stephen.Ours@dc.gov

No comments or hearing requests submitted after January 27, 2020 will be accepted.

For more information, please contact Stephen S. Ours at (202) 535-1747.

DEPARTMENT OF ENERGY AND ENVIRONMENT

NOTICE OF PUBLICATION FOR PUBLIC COMMENT**Anacostia River Sediment Project: Proposed Plan**

Notice is hereby given that the Department of Energy and Environment (the Department) is soliciting comments from the public on the Anacostia River Sediment Project's Proposed Plan. The Proposed Plan will be shared on the Department's website on December 27, 2019, which begins a 30-day comment period ending on January 26, 2020.

A person may obtain a copy of the Anacostia River Sediment Project Proposed Plan by any of the following means:

Download from the Department's website <https://www.anacostiasedimentproject.com>;

Visit the following local libraries where copies of the Proposed Plan will be available for review during normal business hours:

- Francis A. Gregory (3660 Alabama Avenue SE)
- Rosedale Neighborhood Library (1701 Gales St NE)

Attend the public information session on the Proposed Plan. This meeting will be held on Thursday, January 23, 2020 at the DOES Community Room, 4058 Minnesota Ave, N.E., 1st Floor, Washington, DC 20019 from 6:30 to 8:30 PM.

The Department is committed to considering fully and carefully all public comments received on the Proposed Plan prior to finalizing and issuing an Interim Record of Decision (ROD). Interested persons may submit written comments on the Proposed Plan and any other supporting documents in the Anacostia River Sediment Project Administrative Record. Submitted comments must include the person's name; telephone number; affiliation, if any; mailing address; a statement outlining their concerns; and any facts underscoring those concerns. **All comments must be submitted no later than January 26, 2020.** To help with responding to comments, the Department suggests submitting comments using the electronic comment form, which can be accessed at the above webpage.

Comments should be clearly marked "Anacostia River Sediment Project: Proposed Plan Comments" and either:

- 1) E-mailed to anacostiariversedimentproject@dc.gov,
- 2) Mailed or hand-delivered to the Department of Energy and Environment, Gretchen Mikeska, 1200 First Street NE, 5th Floor, Washington, DC 20002, or
- 3) If reviewing at a library location, a comment form may be submitted to a representative at the library.

The Department will consider all timely received comments before finalizing the Proposed Plan. All comments will be treated as public documents and will be made available for public viewing on the Department's website. When the Department identifies a comment containing copyrighted material, the Department will provide a reference to that material on the website. If a comment is sent by e-mail, the e-mail address will be automatically captured and included as part of the comment that is placed in the public record and made available on the Department's website. If the Department cannot read a comment due to technical difficulties, and the e-mail address contains an error, the Department may not be able to contact the commenter for clarification and may not be able to consider the comment.

DEPARTMENT OF HEALTH CARE FINANCE

PUBLIC NOTICE OF PROPOSED SUBMISSION OF DC MEDICAID MANAGED CARE QUALITY STRATEGY

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in An Act to enable the District of Columbia (District) to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat.744; D.C. Official Code § 1-307.02 (2016 Repl. & 2017 Supp.)), and the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.01 *et seq.* (2012 Repl.)), hereby gives notice of the intent to submit a Medicaid Managed Care Quality Strategy for the District Medicaid Program to the Centers for Medicare and Medicaid Services (CMS) for review and approval.

The proposed Medicaid Managed Care Quality Strategy will be published on the DHCF website at <http://dhcf.dc.gov/managed-care-quality-strategy> on Friday, December 27, 2019. The District's thirty (30) day public comment period will be open from December 27, 2019 through 6:00 PM on January 25, 2020.

Interested parties may send written comments concerning the Medicaid Managed Care Quality Strategy to Serina Kavanaugh, Management Analyst, Division of Quality and Health Outcomes, Department of Health Care Finance, 441 4th Street, NW, Suite 900S, Washington, D.C. 20001, or via email at Serina.Kavanaugh@dc.gov.

An electronic copy of the proposed Medicaid Managed Care Quality Strategy may be obtained on the DHCF website at <http://dhcf.dc.gov/managed-care-quality-strategy>, or upon request from DHCF via email at Serina.Kavanaugh@dc.gov, or from Lisa Truitt, Director, Health Care Delivery and Management Administration, Department of Health Care Finance, 441 4th Street NW, 9th Floor South, Washington, D.C. 20001. A printed copy of the proposed Medicaid Managed Care Quality Strategy is available for viewing upon request at the Department of Health Care Finance Main Entrance, 441 4th Street NW, 9th Floor South, Washington D.C. 20001.

For further information, please contact DHCF at Serina.Kavanaugh@dc.gov, or visit the DHCF website at <http://dhcf.dc.gov/managed-care-quality-strategy>.

DEPARTMENT OF HEALTH

PUBLIC NOTICE

The District of Columbia Board of Long Term Care Administration (“Board”) hereby gives notice of its regular meeting schedule pursuant to § 405 of the District of Columbia Health Occupation Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.05 (b)) (2012 Repl.) (“Act”).

The Board’s regular meetings shall now be conducted on the second Wednesday of each quarter starting on January 8, 2020. The meetings will held from 10:00 AM to 12:00 PM and will be open to the public from 10:00 AM until 11:00 AM to discuss various agenda items and any comments and/or concerns from the public. In accordance with Section 405(b) of the Open Meetings Amendment Act of 2010, D.C. Official Code § 2-574(b), the meetings will be closed from 11:00 AM until 12:00 PM to plan, discuss, or hear reports concerning licensing issues, ongoing or planned investigations of practice complaints, and or violations of law or regulations. The schedule of the Board’s meetings during the next twelve-month period will be as follows:

January 8, 2020
April 8, 2020
July 8, 2020
October 14, 2020
January 13, 2021

The meeting will be held at 899 North Capitol Street, NE, Second Floor, Washington, DC 20002. Visit the Department of Health Events link at <http://doh.dc.gov/events> for additional information.

DEPARTMENT OF HEALTH

PUBLIC NOTICE

The District of Columbia Board of Dentistry (“Board”) hereby gives notice, pursuant to § 405 of the District of Columbia Health Occupation Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.05 (b)) (2012 Repl.), of the following meeting dates and public hearings:

Wednesday, December 18, 2019, the Board will hold an open session (public) meeting, which will begin at 9:30 a.m. and end at 10:30 a.m., or when there is no further open session business for the Board to consider. Following the open (public) session, the Board will meet in executive (closed/non-public) session to seek the advice of counsel to the board, pursuant to D.C. Official Code § 2-575(b)(4); to discuss disciplinary matters pursuant to D.C. Official Code § 2-575(b)(9); and to discuss ongoing or planned investigations pursuant to D.C. Official Code § 2-575(b)(14).

Unless otherwise scheduled, the District of Columbia Board of Dentistry meets on the third Wednesday of each month at 899 North Capitol Street, NE, 2nd Floor, Washington, D.C. 20002. The agendas for all open (public) session meetings will be posted at least one business day before the meeting on the Board of Ethics and Government Accountability website at <http://www.bega-dc.gov/board-commission/meetings> and on the DOH website at www.doh.dc.gov.

DEPARTMENT OF HEALTH (DC HEALTH)**NOTICE OF PAYMENT ADJUSTMENT**

The Director of the Department of Health, pursuant to the authority set forth in section 9(c) of the District of Columbia Health Professional Recruitment Program Act of 2005 (“Act”), effective March 8, 2006 (D.C. Law 16-71; D.C. Official Code § 7-751.08(c)), hereby gives notice of the adjustment to the rate of repayment to participants in the District of Columbia Health Professional Recruitment Program established by section 3 of the Act. The payment amounts are being increased to reflect the rate of inflation since September 2018 based on the change in the Consumer Price Index (CPI). Section 8(c) of the Act authorizes the Director to increase the dollar amount of the total loan repayment annually to adjust for inflation. From September 2018 to September 2019, the CPI has increased by 1.71%, therefore the new repayment amounts shall be as follows:

For physicians and dentists starting in fiscal year 2020:

The maximum repayment amount is **\$154,437.78**, distributed as follows:

- For the 1st year of service, 18% of total debt, not to exceed \$27,798.80;
- For the 2nd year of service, 26% of total debt, not to exceed \$40,153.82;
- For the 3rd year of service, 28% of total debt, not to exceed \$43,242.58; and
- For the 4th year of service, 28% of total debt, not to exceed \$43,242.58.

For all other health professionals starting in fiscal year 2020:

The maximum repayment amount is **\$84,938.65**, distributed as follows:

- For the 1st year of service, 18% of total debt, not to exceed \$15,288.96;
- For the 2nd year of service, 26% of total debt, not to exceed \$22,084.05;
- For the 3rd year of service, 28% of total debt, not to exceed \$23,782.82; and
- For the 4th year of service, 28% of total debt, not to exceed \$23,782.82.

The new loan repayment rates stated herein shall be effective upon publication of this notice in the *D.C. Register*.

**NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL
REQUEST FOR PROPOSALS**

National Collegiate Preparatory Public Charter High School is requesting bids for services for the 2019-20 school year. Services required include the following:

- Legal Services
- Business & Operations Management Support

If you are a vendor/entrepreneur and are interested in offering any of these services to our school, please e-mail Carlisa Hurtt, Business Manager, at churtt@nationalprepdcc.org for further information on what will be required to fulfill the contract. Please also note that all bids must include evidence of experience in the field, the qualifications of principals, and estimated fees, and ***three (3) copies*** of all proposals must be mailed or delivered to the following address **by 4 pm on Tuesday, December 31st, 2019.**

Mrs. Carlisa Hurtt
Business Manager
National Collegiate Preparatory PCHS
4600 Livingston Rd SE
Washington, DC 20032

*Please include on the envelope the type of service you are offering**

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA

NOTICE OF PROPOSED TARIFF

FORMAL CASE NO. 1130, IN THE MATTER OF THE INVESTIGATION INTO MODERNIZING THE ENERGY DELIVERY SYSTEM FOR INCREASED SUSTAINABILITY,

and

FORMAL CASE NO. 1155, IN THE MATTER OF THE APPLICATION OF THE POTOMAC ELECTRIC POWER COMPANY FOR APPROVAL OF ITS TRANSPORTATION ELECTRIFICATION PROGRAM,

1. The Public Service Commission of the District of Columbia (“Commission”) hereby gives notice, pursuant to Section 34-802 of the District of Columbia Official Code and in accordance with Section 2-505 of the District of Columbia Official Code,¹ of its intent to act upon the Potomac Electric Power Company’s (“Pepco”) proposed tariffs revisions to address “make ready” infrastructure and approved Offerings 1, 7, 8, 10, 11² filed in compliance with Order Nos. 19898 and 19983 in not less than fifteen (15) days from the date of publication of this Notice of Proposed Tariff (“NOPT”) in the *D.C. Register*.

2. On April 12, 2019, the Commission, in Order No. 19898 approved in part and denied in part, Pepco’s September 6, 2018, Transportation Electrification Application.³ On August 2, 2019, by Order No. 19983, the Commission clarified timelines tied to the filing of an updated implementation plan, and directed Pepco to include tariffs to address “make-ready” infrastructure as well as any necessary tariffs for Offerings 1, 7, 8, 10, and 11.⁴ On October 31, 2019, Pepco filed its Implementation Plan in response to Order Nos. 19898 and 19983, indicating that the updated estimated cost for implementing the program is approximately \$4.3 million, subject to the costs for make ready work being site specific.⁵

3. Pepco provided proposed tariff updates for the “make-ready” infrastructure (Attachment A), and Offering 1 - Whole House Time of Use Rate (Attachments B and C).⁶ Furthermore, Pepco notes that after reviewing Offerings 7, 8, 10, and 11 and the types of demand

¹ D.C. Official Code § 2-505 (2016 Repl.) and D.C. Official Code § 34-802 (2012 Repl.).

² *Formal Case No. 1155, In the Matter of the Application of the Potomac Electric Power Company for Approval of its Transportation Electrification Program, and Formal Case No. 1130, In the Matter of the Investigation Into Modernizing the Energy Delivery System for Increased Sustainability* (“*Formal Case Nos. 1155 and 1130*”), Potomac Electric Power Company’s Transportation Implementation Plan in Response to Order No. 19898, filed October 31, 2019 (“Updated Implementation Plan”).

³ *Formal Case Nos. 1155 and 1130*, Order No. 19898, rel. April 12, 2019.

⁴ *Formal Case Nos. 1155 and 1130*, Order No. 19983, rel. August 2, 2019.

⁵ Updated Implementation Plan at 4.

⁶ Updated Implementation Plan at 3.

and load that will be used, “it recommends using existing rate schedules to provide service until further considerations with stakeholders indicate a need to otherwise modify existing or create new tariffs.”⁷ On December 6, 2019, Pepco filed an update to its October 31, 2019, Implementation Plan indicating that Rider “NEM” should have been referenced in the proposed Schedule “R-PIV”, because it “works in concert with proposed Schedule “R-PIV” to allow Net Energy Metering customers to participate in the time of use pricing approved by the Commission.”⁸

4. Pepco proposes numerous changes to its tariffs in response to Order Nos. 19898 and 19983. The first revision focuses on the “make ready” infrastructure, the remaining tariff revisions are related to Offering 1- which includes Schedule “R-PIV,” revisions to Rider “NEM”, and Rider “PIV-Green”. Pepco states that for Offering 1, Schedule “R-PIV” disaggregates the generation, transmission and distribution rates.⁹

5. To implement the approved portions of its TE Program, Pepco proposes to amend the following tariff pages:

Rate Schedules for Electric Service in the District of Columbia,

**P.S.C. of D.C. No. 1
Ninth Revised Page No. 1**

**P.S.C. of D.C. No. 1
Second Revised Page No. 32
Superseding First Revised Page 32**

**P.S.C. of D.C. No. 1
Eighteenth Revised Page No. R-X.X**

**P.S.C. of D.C. No. 1
One-Hundred Third Revised Page No. R-1
Superseding One-Hundred Second Revised Page No. R-1**

**P.S.C. of D.C. No. 1
One-Hundred Third Revised Page No. 2
Superseding One-Hundred Second Revised Page No. 2**

**P.S.C. of D.C. No. 1
Ninety-Sixth Revised Page No. 2.1
Superseding Ninety-Fifth Revised Page No. 2.1**

⁷ Updated Implementation Plan at 4.

⁸ *Formal Case Nos. 1155 and 1130*, Update to Potomac Electric Power Company’s Update to the Transportation Implementation Plan filed on October 31, 2019, filed December 6, 2019.

⁹ Updated Implementation Plan at 3; Attachment C.

**P.S.C. of D.C. No. 1
Seventy-First Revised Page No. 2.2
Superseding Seventieth Revised Page No. 2.2**

**P.S.C. of D.C. No. 1
Fifth Revised Page No. R-45
Superseding Fourth Revised Page No. R-45**

**P.S.C. of D.C. No. 1
Original Page No. R-XX**

6. Pepco's "make-ready" infrastructure update to its General Terms and Conditions, Schedule "R-PIV," Rider "NEM," and Rider "PIV Green" may be reviewed at the Office of the Commission Secretary, Public Service Commission of the District of Columbia, 1325 G Street N.W., Suite 800, Washington, D.C., 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday, as well as on the Commission's website at www.dcpssc.org. Once at the website, open the "eDocket System" tab, click on "Search Current Dockets" and input "FC1155" or "FC1130" in the "Select Case Number" field. Copies of the tariff pages and attachments are available, upon request, at a per page reproduction fee.

7. Comments on Pepco's "make-ready" infrastructure update to its General Terms and Conditions, Schedule "R-PIV," Rider "NEM," and Rider "PIV Green" must be made in writing to Brinda Westbrook-Sedgwick, at the address in paragraph No. 6, or by email to psc-commissionsecretary@dc.gov, or by clicking the following link: https://edocket.dcpssc.org/public/public_comments. Comments must be received within fifteen (15) days from the date of publication of this NOPT in the *D.C. Register*. Once the comment period has expired, the Commission will take final action on Pepco's "make-ready" infrastructure update to its General Terms and Conditions, Schedule "R-PIV," Rider "NEM" and Rider "PIV-Green."

PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA

NOTICE OF APPROVED ISSUANCE OF STOCK OR
EVIDENCES OF INDEBTEDNESSFORMAL CASE NO. 1161, IN THE MATTER OF THE APPLICATION OF POTOMAC
ELECTRIC POWER COMPANY FOR A CERTIFICATE OF AUTHORITY TO ISSUE
DEBT SECURITIES

1. By this Order, the Public Service Commission of the District of Columbia (“Commission”) hereby gives notice, pursuant to D.C. Code §§ 2-505, 34-502, and 34-503 (2001) and 15 DCMR § 3501.8 (2000), of its approval of the Application of the Potomac Electric Power Company (“Pepco” or “Company”) for a certificate authorizing the Company to issue and sell up to \$1.2 billion of long-term secured or unsecured debt securities.¹

2. In its Application, filed on October 31, 2019, Pepco requests authority to issue up to \$1.2 billion of long-term secured or unsecured debt securities for a three-year period.² The Company states that it plans to use the proceeds from the financing for six primary purposes: (1) to refund maturing debt securities; (2) for redemptions; (3) to refund outstanding securities of the Company, should future market conditions make refinancings feasible; (4) to refund short-term debt incurred to finance utility construction and operations on a temporary basis; (5) to fund ongoing capital requirements of the Company; and (6) for other general corporate purposes.³ Pepco further states that the precise timing and types of financing selected will depend on factors such as prevailing and anticipated market conditions, the costs and amount of the Company’s anticipated and outstanding short-term debt, and the costs of the Company’s outstanding securities, and capital structure considerations.⁴ Pepco submits that the scope of the authority the Company seeks herein is designed to provide the Company maximum flexibility to respond to favorable market conditions as they develop in changing markets, which will lower the cost of financing to the Company and its customers.⁵ Pepco also seeks expedited review of its Application under the Commission’s expedited review process in Chapter 35 of the Commission’s rules (15 DCMR §§ 3500-3505 (2000)).⁶

¹ *Formal Case No. 1161, In the Matter of the Application of Potomac Electric Power Company for a Certificate of Authority to Issue Debt Securities (“Formal Case No. 1161”), Potomac Electric Power Company’s Application for Authority to Issue Debt Securities, filed October 31, 2019 (“Pepco’s Application”).*

² Pepco’s Application at 1, 6.

³ Pepco’s Application at 2.

⁴ Pepco’s Application at 2.

⁵ Pepco’s Application at 2.

⁶ Pepco’s Application at 1. *See also* 15 DCMR § 3501.1, describing the Commission’s expedited review process: “An application for authority to issue or amend tariffs or issue stock or evidences of indebtedness that are payable in more than one year shall be approved by the Commission within thirty days after the publication date in the D.C. Register, provided that: (1) no objection is filed within thirty (30) days after the date of publication; and (2) the Commission does not order additional time for review of the application.”

3. A Notice of Proposed Issuance of Stock or Evidences of Indebtedness (“NOPI”)⁷ was published in the *D.C. Register* on November 15, 2019, inviting public comments or objections to the Application within thirty (30) days and replies within thirty-five (35) days from the date of publication.⁸ On December 16, 2019, the Office of the People’s Counsel of the District of Columbia (“OPC”) filed comments on Pepco’s Application, on December 17, 2019, Pepco filed a response to OPC’s comments; and on December 18, 2019 OPC filed a request for leave to reply and reply to Pepco’s response.⁹ Thereafter, the Commission, at its open meeting held on December 18, 2019, took final action to approve Pepco’s Application as filed.¹⁰

4. Pepco’s Application and supporting documentation are on file with the Commission and may be reviewed at the Office of the Commission Secretary, 1325 G Street, N.W., Suite 800, Washington, D.C. 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday, or may be viewed on the Commission’s website by visiting www.dcpsec.org and, under the “eDocket System” tab, selecting “Search Current Dockets” and typing “FC1161” in the field labeled “Select Case Number.” Copies of the Application are available, upon request, at a per-page reproduction fee. Persons with questions concerning this Notice should call 202-626-5150 or send an email to psc-commissionsecretary@dc.gov.

⁷ On May 16, 2014, the Commission announced a change in the nomenclature used to give public notice of its processing of applications for tariff changes from “Notice of Proposed Rulemaking” and “Notice of Final Rulemaking” to “Notice of Proposed Tariff” and “Notice of Approved Tariff,” respectively. 61 D.C. Reg. 5150 (2014). The Commission is using a similar new nomenclature in this matter as well because the subject matter here, processing of applications for issuing stock or evidences of indebtedness, is governed by the same Commission rules as the applications for proposed tariff changes (15 DCMR §§ 3500-3505 (2000)). Therefore, going forward, these published notices will be titled “Notice of Proposed Issuance of Stock or Evidences of Indebtedness” and “Notice of Approved Issuance of Stock or Evidences of Indebtedness.”

⁸ 66 *D.C. Reg.* 015316-015317 (2019).

⁹ *Formal Case No. 1161*, The Office of the People’s Counsel for the District of Columbia’s Comments to Pepco’s Application for Authorization to Issue Debt Securities, filed December 16, 2019; *Formal Case No. 1161*, Potomac Electric Power Company’s Response to the Office of the Peoples Counsel’s Comments, filed December 17, 2019, and *Formal Case No. 1161*, Office of the People’s Counsel for the District of Columbia’s Request for Leave to Reply and Reply to Pepco’s Response to OPC’s Comments, filed December 18, 2019.

¹⁰ *Formal Case No. 1161*, Order No. 20270, rel. December 19, 2019.

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY

BOARD OF DIRECTORS

NOTICE OF PUBLIC MEETING

Governance Committee

The Board of Directors of the District of Columbia Water and Sewer Authority (DC Water) Governance Committee will be holding a meeting on Wednesday, January 8, 2020 at 9:00 a.m. The meeting will be held in the Board Room (2nd floor) at 1385 Canal Street, S.E. (use 125 O Street, S.E. for directions), Washington, D.C. 20003. Below is the draft agenda for this meeting. A final agenda will be posted to DC Water’s website at www.dewater.com.

For additional information, please contact Linda R. Manley, Board Secretary at (202) 787-2332 or linda.manley@dewater.com.

DRAFT AGENDA

- | | |
|--|-----------------------|
| 1. Call to Order | Committee Chairperson |
| 2. Emerging Issues | Committee Chairperson |
| 3. Agenda for Upcoming Committee Meeting | Committee Chairperson |
| 4. Executive Session | Committee Chairperson |
| 5. Adjournment | Committee Chairperson |

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY

BOARD OF DIRECTORS

NOTICE OF PUBLIC MEETING

Human Resources and Labor Relations Committee

The Board of Directors of the District of Columbia Water and Sewer Authority (DC Water) Human Resources and Labor Relations Committee will be holding a meeting on Wednesday, January 8, 2020 at 11:00 a.m. The meeting will be held in the Board Room (2nd floor) at 1385 Canal Street, S.E. (use 125 O Street, S.E. for directions), Washington, D.C. 20003. Below is the draft agenda for this meeting. A final agenda will be posted to DC Water’s website at www.dcwater.com.

For additional information, please contact Linda R. Manley, Board Secretary at (202) 787-2332 or لمانley@dcwater.com.

DRAFT AGENDA

- | | |
|----------------------|-----------------------|
| 1. Call to Order | Committee Chairperson |
| 2. Union Topics | Union Presidents |
| 3. Other Business | Committee Chairperson |
| 4. Executive Session | Committee Chairperson |
| 5. Adjournment | Committee Chairperson |

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 19978 of 775 Fairmont Street NW LLC,¹ as amended, pursuant to 11 DCMR Subtitle X, Chapter 9, for special exceptions under Subtitle E §§ 5108 and 5204 from the rear yard requirements of Subtitle E § 5104.1, and the side yard requirements of Subtitle E § 5105.1, and pursuant to Subtitle X, Chapter 10, for an area variance from the height requirements of Subtitle E § 5102.1, the alley centerline setback requirements of Subtitle E § 5106.1, and the minimum pervious surface provisions of Subtitle E § 5107.1, to construct a second-story addition to an existing alley lot structure and convert it to a detached principal dwelling unit in the RF-1 Zone at premises 775 Fairmont Street, N.W. (Square 2885, Lot 862).

HEARING DATES: April 24, July 24, September 11, and December 11, 2019
DECISION DATE: December 11, 2019

SUMMARY ORDER

Relief Requested. The zoning relief requested in this case was self-certified, pursuant to Subtitle Y § 300.6 of the Zoning Regulations (Title 11 of the DCMR, Zoning Regulations of 2016, to which all references are made unless otherwise specified). (Exhibit 45 (Revised)²; Exhibit 4 (Original).)

In advance of its decision, the Board requested clarification from the Applicant as to why relief was not sought from Subtitle C § 303.3(a)&(b), which requires that:

New alley record lots shall comply with the following:

- (a) *Have frontage along a public alley with a minimum alley width of twenty-four feet (24 ft.) and have from the alley access to a street through an alley or alleys not less than twenty-four feet (24 ft.) in width;*
- (b) *Meet the lot area standards applicable under the title of the respective zone and, if no minimum lot area standard is provided, the alley lot shall be a minimum of eighteen hundred square feet (1,800 sq. ft.) of lot area; and*

¹ The property owner at the time of the application's filing was Robert Thorsen, who was listed as the applicant in the initial noticing of the case. On June 15, 2019, the applicant's agent updated the ownership information in the record and, accordingly, the owner and applicant was updated to 775 Fairmont Street NW LLC. (Exhibit 45.)

² The application originally requested relief from the height requirements of Subtitle E § 5102.1, the alley centerline setback requirements of Subtitle E § 5106.1, and the minimum pervious surface provisions of Subtitle E § 5107.1 as special exceptions. (Exhibit 4.) The Applicant revised and corrected the application to instead request these areas of relief as area variances. (Exhibit 45.)

- (c) *Where existing abutting alley record lots or alley tax lots created on or before May 12, 1958 are combined into a larger alley record lot, the subdivision need not comply with paragraphs (a) and (b) of this subsection.*

The Applicant filed a response, arguing that relief from these provisions is not required for this application. (Exhibit 62.)

The Board disagrees, and believes this relief is necessary, based on the evidence presented in the record of this proceeding. However, because the relief requested is self-certified, the Board determined that the issue was not a basis for denying the application and considered the merits of the relief requested. At the public hearing on December 11, 2019, the Applicant acknowledged that if the Zoning Administrator determines that additional zoning relief is required, the Applicant will need to return to the Board to request the necessary relief.

The Board wishes to be explicit that it is not granting this relief through this Order and encourages the Zoning Administrator to consider carefully whether this relief is required before issuing a building permit.

Notice of the Application and Public Hearing. The Board of Zoning Adjustment ("Board" or "BZA") referred the application to the appropriate agencies and provided proper and timely notice of the public hearing in accordance with Subtitle Y § 402.1.

Parties. The parties to this case were the Applicant and Advisory Neighborhood Commission ("ANC") 1B.

ANC Report. The ANC's report indicated that at a regularly scheduled, properly noticed public meeting on April 4, 2019, at which a quorum was present, the ANC voted 10-0-0 to support the application. (Exhibit 37.)

OP Report. The Office of Planning ("OP") submitted four reports recommending approval of the relief requested, but not opining on whether additional relief was needed. (Exhibits 36, 47, 58, and 63.) In a supplemental report, OP noted that "should relief be required to create a record lot, for purposes of obtaining building permits, the Applicant would have to come back before the Board to request the necessary relief." (Exhibit 47.)

DDOT Report. The District Department of Transportation submitted a report indicating that it had no objection to the application. (Exhibit 35.)

Persons in Opposition. The Board received a letter in opposition signed by three neighbors. (Exhibit 42.)

Prior Approvals. BZA Order No. 17928 granted use variance relief on the property to allow the establishment of office, artisan studio, metal and glass work establishment in 2009.

Variance Relief

The Applicant seeks relief under Subtitle X § 1002.1 for from the height requirements of Subtitle E § 5102.1, the alley centerline setback requirements of Subtitle E § 5106.1, and the minimum pervious surface provisions set forth under E § 5107.1.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof under 11 DCMR Subtitle X § 1002.1, that there exists an exceptional or extraordinary situation or condition related to the property that creates a practical difficulty, in the case of an area variance, or an undue hardship, in the case of a use variance, in complying with the Zoning Regulations, and that the relief can be granted without substantial detriment to the public good and without substantially impairing the intent, purpose, and integrity of the zone plan as embodied in the Zoning Regulations and Map.

Special Exception Relief

The Applicant seeks relief under Subtitle X § 901.2, for special exceptions under Subtitle E §§ 5108 and 5204 from the rear yard requirements of Subtitle E § 5104.1, and the side yard requirements of Subtitle E § 5105.1.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof that the requested relief can be granted as being in harmony with the general purpose and intent of the Zoning Regulations and Map and that granting the requested relief will not tend to affect adversely the use of neighboring property in accordance with the Zoning Regulations and Map. The Board further concludes that, pursuant to Subtitle X § 901.2(c), any other specified conditions for special exception relief have been met.

Expiration of Prior Use Variance Relief

Under Subtitle Y § 706.1(b), a use variance shall expire when it is discontinued for any reason for any period of three or more years occurring after October 8, 2010; except where governmental action impedes access to the premises. Under Subtitle Y § 706.1(c), a use variance shall expire if a certificate of occupancy for a different use is issued or if a residential use for which no certificate of occupancy is required is established.

In BZA Application No. 17928, the Board approved a use variance to allow the establishment of an office, artisan studio, metal and glass work. If the use variance has not already expired due to discontinuation under Subtitle Y § 706.1(b), the Board concludes that the previously-granted use variance will expire upon the issuance of a certificate of occupancy for a different use or the establishment of the residential use approved in this order under Subtitle Y § 706.1(c).

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS³ AT EXHIBIT 32.**

VOTE: 4-0-1 (Carlton E. Hart, Lorna L. John, Frederick L. Hill, and Michael G. Turnbull (by absentee vote) to APPROVE; one Board seat vacant.)

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

A majority of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 18, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

³ Self-certification: In granting the certified relief, the Board made no finding that the relief is either necessary or sufficient. Instead, the Board expects the Zoning Administrator to undertake a thorough and independent review of the building permit and certificate of occupancy applications filed for this project and to deny any application for which additional or different zoning relief is needed.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 20154 of Doretta Ward, pursuant to 11 DCMR Subtitle X, Chapter 9, for special exceptions under Subtitle C § 703.2 from the minimum vehicle parking requirements of Subtitle C § 701.5 and under Subtitle E §§ 5201 and 205.5 from the rear wall extension requirements of Subtitle E § 205.4, to construct a two-story rear addition to an existing attached principal dwelling unit in the RF-1 Zone at premises 438 20th Street, N.E. (Square 4549, Lot 91).

HEARING DATE: December 11, 2019

DECISION DATE: December 11, 2019

SUMMARY ORDER

Relief Requested. The application was accompanied by a memorandum from the Zoning Administrator, certifying the required relief. (Exhibit 4.)

Notice of the Application and Public Hearing. The Board of Zoning Adjustment ("Board" or "BZA") referred the application to the appropriate agencies and provided proper and timely notice of the public hearing in accordance with Subtitle Y § 402.1.

Parties. The parties to this case were the Applicant and Advisory Neighborhood Commission ("ANC") 7D.

ANC Report. The ANC's report indicated that at a regularly scheduled, properly noticed public meeting on November 12, 2019, at which a quorum was present, the ANC voted 6-0-0 to support the application. (Exhibits 68, 68A.)

OP Report. The Office of Planning submitted a report recommending approval of the application. (Exhibit 67.)

DDOT Report. The District Department of Transportation submitted a report indicating that it had no objection to the application. (Exhibit 55.)

Persons in Support. The Board received five letters from residents in support of the application. (Exhibits 57-61.) The Board also received a letter in support from Friends of Kingman Park. (Exhibit 69.)

Persons in Opposition. The Board received six letters from residents in opposition to the application. (Exhibits 45-50.)

Special Exception Relief

The Applicant seeks relief under Subtitle X § 901.2, for special exceptions under Subtitle C § 703.2 from the minimum vehicle parking requirements of Subtitle C § 701.5 and under Subtitle E §§ 5201 and 205.5 from the rear wall extension requirements of Subtitle E § 205.4, to construct a two-story rear addition to an existing attached principal dwelling unit in the RF-1 Zone.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof that the requested relief can be granted as being in harmony with the general purpose and intent of the Zoning Regulations and Map and that granting the requested relief will not tend to affect adversely the use of neighboring property in accordance with the Zoning Regulations and Map. The Board further concludes that, pursuant to Subtitle X § 901.2(c), any other specified conditions for special exception relief have been met.

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS AT EXHIBIT 10 – UPDATED ARCHITECTURAL PLANS AND ELEVATIONS.**

VOTE: 4-0-1 (Frederick L. Hill, Carlton E. Hart, Lorna L. John, and Anthony J. Hood to APPROVE; Lesylleé M. White not participating).

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

A majority of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 16, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN

BZA APPLICATION NO. 20154
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SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 20158 of SE Washington Development Associates II LLP, pursuant to 11 DCMR Subtitle X, Chapter 9, for a special exception under the new residential development requirements of Subtitle U § 421.1, to construct a new, three-story 56-68 unit apartment house in the RA-1 Zone at premises 3311-3329 14th Place, S.E. (Square 5917, Lots 40-41).

HEARING DATE: December 11, 2019

DECISION DATE: December 11, 2019

SUMMARY ORDER

Relief Requested. The zoning relief requested in this case was self-certified, pursuant to 11 DCMR Subtitle Y § 300.6. (Exhibit 4.)

Notice of the Application and Public Hearing. The Board of Zoning Adjustment ("Board" or "BZA") referred the application to the appropriate agencies and provided proper and timely notice of the public hearing in accordance with Subtitle Y § 402.1. Specifically, The Application was referred to the affected Advisory Neighborhood Commission ("ANC") 8E (Exhibit 14), the Single Member District ANC representative for the site (Exhibit 15), the Department of Parks and Recreation ("DPR") (Exhibit 16), the Office of the Deputy Mayor for Education ("DME") (Exhibit 17), the Office of ANCs (Exhibit 18), the Office of Planning ("OP") (Exhibit 19), the District Department of Transportation ("DDOT") (Exhibit 20), the District Councilmembers (Exhibits 21-26), and the owners of property located within 200 feet of the Site (Exhibit 27).

Parties. The parties to this case were the Applicant and ANC 8E.

ANC Report. The ANC did not submit a written report to the record. Under Subtitle Y § 406.2, the Board must give "great weight" to the issues and concerns raised in the written report of the affected ANC. Absent the ANC's written report, the Board has no issues or concerns to which it can afford "great weight" for this application.

OP Report. OP submitted a report recommending approval of the application. (Exhibit 33.)

DDOT Report. DDOT submitted a report indicating that it had no objection to the application. DDOT recommended that the Board adopt five conditions related to implementing a Transportation Demand Management ("TDM") plan. (Exhibit 32.) The Board adopted the conditions as part of the order.

Other Agency Reports. Though the application was referred to DPR and DME, neither submitted a response to the record. Nonetheless, the OP and DDOT reports provided comments on the existing and planned area schools, as well as public streets, recreation, and other services

available to accommodate the residents and both reports recommended approval of the application. (Exhibits 32 and 33.)

Special Exception Relief

The Applicant seeks relief under Subtitle X § 901.2, for a special exception under the new residential development requirements of Subtitle U § 421.1, to construct a new, three-story 56-68 unit apartment house in the RA-1 Zone.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof that the requested relief can be granted as being in harmony with the general purpose and intent of the Zoning Regulations and Map and that granting the requested relief will not tend to affect adversely the use of neighboring property in accordance with the Zoning Regulations and Map. The Board further concludes that, pursuant to Subtitle X § 901.2(c), any other specified conditions for special exception relief have been met.

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS¹ AT EXHIBITS 31A1-31A2 – ARCHITECTURAL PLANS – PART 1 & PART 2; SUBJECT to the following CONDITIONS:**

1. The Applicant shall identify Transportation Coordinators for the planning, construction, and operations phases of development. The Transportation Coordinators shall act as points of contact with DDOT, goDCgo, and Zoning Enforcement.
2. The Applicant shall provide Transportation Coordinators' contact information to goDCgo, conduct an annual commuter survey of employees on-site, and report TDM activities and data collection efforts to goDCgo once per year.
3. Transportation Coordinators shall receive TDM training from goDCgo to learn about the TDM conditions for this project and available options for implementing the TDM plan.
4. The Applicant shall provide all new residents with welcome packets that should, at minimum, include the Metrorail pocket guide, brochures of local bus lines (Circulator and Metrobus), carpool and vanpool information, CaBi coupon or rack card, Guaranteed

¹ In granting the certified relief, the Board made no finding that the relief is either necessary or sufficient. Instead, the Board expects the Zoning Administrator to undertake a thorough and independent review of the building permit and certificate of occupancy applications filed for this project and to deny any application for which additional or different zoning relief is needed.

Ride Home (GRH) brochure, and the most recent DC Bike Map. Brochures can be ordered from DDOT's goDCgo program by emailing info@godcgo.com.

5. The Transportation Coordinator shall subscribe to goDCgo's residential newsletter.

VOTE: 4-0-1 (Frederick L. Hill, Anthony J. Hood, Carlton E. Hart, and Lorna L. John, to APPROVE; Lesylleé M. White not participating).

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

A majority of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 16, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

PURSUANT TO 11 DCMR SUBTITLE A § 303, THE PERSON WHO OWNS, CONTROLS, OCCUPIES, MAINTAINS, OR USES THE SUBJECT PROPERTY, OR ANY PART THERETO, SHALL COMPLY WITH THE CONDITIONS IN THIS ORDER, AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF

BZA APPLICATION NO. 20158

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ZONING ADJUSTMENT. FAILURE TO ABIDE BY THE CONDITIONS IN THIS ORDER, IN WHOLE OR IN PART SHALL BE GROUNDS FOR THE REVOCATION OF ANY BUILDING PERMIT OR CERTIFICATE OF OCCUPANCY ISSUED PURSUANT TO THIS ORDER.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 20160 of Darcy Scott, pursuant to 11 DCMR Subtitle X, Chapter 10, for a use variance from the use requirements of Subtitle U § 201.1, to permit a two-story rear addition to an existing nonconforming semi-detached flat in the R-2 Zone at premises 4210 Brooks Street, N.E. (Square 5088, Lot 23).

HEARING DATE: December 11, 2019

DECISION DATE: December 11, 2019

SUMMARY ORDER

Relief Requested. The application was accompanied by a memorandum from the Zoning Administrator certifying the required relief. (Exhibit 5.)

Notice of the Application and Public Hearing. The Board of Zoning Adjustment ("Board" or "BZA") referred the application to the appropriate agencies and provided proper and timely notice of the public hearing in accordance with Subtitle Y § 402.1.

Parties. The parties to this case were the Applicant and Advisory Neighborhood Commission ("ANC") 7D.

ANC Report. The ANC did not submit a written report for the record in this case. The Applicant testified that he reached out to the ANC but received no response. Under Subtitle Y § 406.2, the Board must give "great weight" to the issues and concerns raised in the written report of the affected ANC. Absent the ANC's written report, the Board has no issues or concerns to which it can afford "great weight" for this application.

OP Report. The Office of Planning submitted a report, dated November 27, 2019, recommending approval of the application. (Exhibit 31.)

DDOT Report. The District Department of Transportation submitted a report, dated November 20, 2019, indicating that it had no objection to the application. (Exhibit 29.)

Variance Relief

The Applicant seeks relief under Subtitle X § 1002.1 for a use variance from the use requirements of Subtitle U § 201.1, to permit a two-story rear addition to an existing nonconforming semi-detached flat in the R-2 Zone.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof under 11 DCMR Subtitle X § 1002.1, that there exists an exceptional or extraordinary situation or condition related to the property that creates an undue hardship, in complying with the Zoning Regulations, and that the relief can be granted without substantial detriment to the public good and without substantially impairing the intent, purpose, and integrity of the zone plan as embodied in the Zoning Regulations and Map.

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS AT EXHIBIT 6.**

VOTE: 4-0-1 (Frederick L. Hill, Lorna L. John, Carlton E. Hart, and Anthony Hood to APPROVE; one Board seat vacant.)

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

A majority of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 16, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR

BZA APPLICATION NO. 20160

PAGE NO. 2

STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 20161 of Sheryl Goddard, pursuant to 11 DCMR Subtitle X, Chapter 9, for a special exception under Subtitle D § 5201 from the side yard requirements of Subtitle D § 206.7, and from the nonconforming structure requirements of Subtitle C § 202.2, to construct a front vestibule, a rear balcony, and a rear deck addition to an existing detached principal dwelling unit in the R-1-B Zone at premises 1348 Kearny Street, N.E. (Square 3962, Lot 812).

HEARING DATE: Applicant waived the right to a public hearing
DECISION DATE: December 11, 2019 (Expedited Review Calendar)

SUMMARY ORDER

Relief Requested. The zoning relief requested in this case was self-certified, pursuant to 11 DCMR Subtitle Y § 300.6. (Exhibit 20 (Updated); Exhibit 4 (Original).)

Expedited Review. Pursuant to 11 DCMR Subtitle Y § 401, this application was tentatively placed on the Board of Zoning Adjustment (the "Board" or "BZA") expedited review calendar for decision as a result of the applicant's waiver of its right to a hearing. No objections to expedited review consideration were made by any person or entity entitled to do under Subtitle Y §§ 401.7 and 401.8.

Notice of the Application and Public Meeting. The Board referred the application to the appropriate agencies and provided proper and timely notice of the public meeting in accordance with Subtitle Y § 402.1.

Parties. The parties to this case were the Applicant and Advisory Neighborhood Commission ("ANC") 5B.

ANC Report. The ANC's report indicated that at a regularly scheduled, properly noticed public meeting on November 20, 2019, at which a quorum was present, the ANC approved a resolution by a vote of 4-0-0 to support the application. (Exhibit 42.)

OP Report. The Office of Planning submitted a report, dated November 27, 2019, recommending approval of the application. (Exhibit 43.)

DDOT Report. The District Department of Transportation submitted a report, dated November 15, 2019, indicating that it had no objection to the application. (Exhibit 41.)

Persons in Support. The Board received ten signed letters from neighbors in support of the application. (Exhibit 14.)

Special Exception Relief

The Applicant seeks relief under Subtitle X § 901.2, for a special exception under Subtitle D § 5201 from the side yard requirements of Subtitle D § 206.7, and from the nonconforming structure requirements of Subtitle C § 202.2, to construct a front vestibule, a rear balcony, and a rear deck addition to an existing detached principal dwelling unit in the R-1-B Zone.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof that the requested relief can be granted as being in harmony with the general purpose and intent of the Zoning Regulations and Map and that granting the requested relief will not tend to affect adversely the use of neighboring property in accordance with the Zoning Regulations and Map. The Board further concludes that, pursuant to Subtitle X § 901.2(c), any other specified conditions for special exception relief have been met.

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS¹ AT EXHIBIT 21.**

VOTE: 4-0-1 (Frederick L. Hill, Carlton E. Hart, Lorna L. John, and Anthony J. Hood to APPROVE; one Board seat vacant.)

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

Most of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 12, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY

¹ Self-certification: In granting the self-certified relief, the Board made no finding that the relief is either necessary or sufficient. Instead, the Board expects the Zoning Administrator to undertake a thorough and independent review of the building permit and certificate of occupancy applications filed for this project and to deny any application for which additional or different zoning relief is needed.

AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ZONING ADJUSTMENT**

Application No. 20164 of Ford's Theatre Society, as amended, pursuant to 11 DCMR Subtitle X, Chapter 9, for special exceptions under Subtitle C § 1504.1 from the penthouse setback requirements of Subtitle C § 1502.1(b)&(c), and under Subtitle I § 205.5 from the rear yard requirements of Subtitle I § 205.1 to construct a two-story addition and a penthouse addition to the building at 512 10th Street N.W and to renovate and combine the two existing mixed-use buildings in the D-7 Zone at premises 512-514 10th Street N.W. (Square 347, Lot 24).¹

HEARING DATE: December 11, 2019
DECISION DATE: December 11, 2019

SUMMARY ORDER

Relief Requested. The zoning relief requested in this case was self-certified, pursuant to 11 DCMR Subtitle Y § 300.6. (Exhibit 4.)

Notice of the Application and Public Hearing. The Board of Zoning Adjustment ("Board" or "BZA") referred the application to the appropriate agencies and provided proper and timely notice of the public hearing in accordance with Subtitle Y § 402.1.

Parties. The parties to this case were the Applicant and Advisory Neighborhood Commission ("ANC") 2C.

ANC Report. The ANC's report indicated that at a regularly scheduled, properly noticed public meeting on October 8, 2019, at which a quorum was present, the ANC voted 3-0 to support the application. (Exhibit 35.)

OP Report. The Office of Planning ("OP") submitted a report recommending approval of the application. (Exhibit 34.) OP also indicated that relief from Subtitle C § 1502.1(c) may also be required and that it would support that relief, if requested. The Applicant amended the application to add the identified area of relief, as clarified in Exhibits 38-40.

DDOT Report. The District Department of Transportation submitted a report indicating that it had no objection to the application. (Exhibit 33.)

Special Exception Relief

¹ Lot 24 was previously identified as Lots 21 and 825.

The Applicant seeks relief under Subtitle X § 901.2, for special exceptions under Subtitle C § 1504.1 from the penthouse setback requirements of Subtitle C § 1502.1(b)&(c), and under Subtitle I § 205.5 from the rear yard requirements of Subtitle I § 205.1 to construct a two-story addition and a penthouse addition to the building at 512 10th Street N.W and to renovate and combine the two existing mixed-use buildings in the D-7 Zone.

Based upon the record before the Board, and having given great weight to the appropriate reports and recommendations filed in this case, the Board concludes that the Applicant has met the burden of proof that the requested relief can be granted as being in harmony with the general purpose and intent of the Zoning Regulations and Map and that granting the requested relief will not tend to affect adversely the use of neighboring property in accordance with the Zoning Regulations and Map. The Board further concludes that, pursuant to Subtitle X § 901.2(c), any other specified conditions for special exception relief have been met.

Pursuant to 11 DCMR Subtitle Y § 604.3, the order of the Board may be in summary form and need not be accompanied by findings of fact and conclusions of law where granting an application when there was no party in opposition.

It is therefore **ORDERED** that this application is hereby **GRANTED AND, PURSUANT TO SUBTITLE Y § 604.10, SUBJECT TO THE APPROVED PLANS² AT EXHIBIT 5.**

VOTE: 4-0-1 (Frederick L. Hill, Lorna L. John, Carlton E. Hart, and Anthony J. Hood to APPROVE; one Board seat vacant.)

BY ORDER OF THE D.C. BOARD OF ZONING ADJUSTMENT

A majority of the Board members approved the issuance of this order.

FINAL DATE OF ORDER: December 16, 2019

PURSUANT TO 11 DCMR SUBTITLE Y § 604.11, NO ORDER OF THE BOARD SHALL TAKE EFFECT UNTIL TEN (10) DAYS AFTER IT BECOMES FINAL PURSUANT TO SUBTITLE Y § 604.7.

PURSUANT TO 11 DCMR SUBTITLE Y § 702.1, THIS ORDER SHALL NOT BE VALID FOR MORE THAN TWO YEARS AFTER IT BECOMES EFFECTIVE UNLESS, WITHIN SUCH TWO-YEAR PERIOD, THE APPLICANT FILES PLANS FOR THE PROPOSED STRUCTURE WITH THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS FOR THE PURPOSE OF SECURING A BUILDING PERMIT, OR THE APPLICANT FILES A REQUEST FOR A TIME EXTENSION PURSUANT TO SUBTITLE Y § 705 PRIOR TO THE EXPIRATION OF THE TWO-YEAR PERIOD AND THE REQUEST

² Self-certification: In granting the certified relief, the Board made no finding that the relief is either necessary or sufficient. Instead, the Board expects the Zoning Administrator to undertake a thorough and independent review of the building permit and certificate of occupancy applications filed for this project and to deny any application for which additional or different zoning relief is needed.

IS GRANTED. PURSUANT TO SUBTITLE Y § 703.14, NO OTHER ACTION, INCLUDING THE FILING OR GRANTING OF AN APPLICATION FOR A MODIFICATION PURSUANT TO SUBTITLE Y §§ 703 OR 704, SHALL TOLL OR EXTEND THE TIME PERIOD.

PURSUANT TO 11 DCMR SUBTITLE Y § 604, APPROVAL OF AN APPLICATION SHALL INCLUDE APPROVAL OF THE PLANS SUBMITTED WITH THE APPLICATION FOR THE CONSTRUCTION OF A BUILDING OR STRUCTURE (OR ADDITION THERETO) OR THE RENOVATION OR ALTERATION OF AN EXISTING BUILDING OR STRUCTURE. AN APPLICANT SHALL CARRY OUT THE CONSTRUCTION, RENOVATION, OR ALTERATION ONLY IN ACCORDANCE WITH THE PLANS APPROVED BY THE BOARD AS THE SAME MAY BE AMENDED AND/OR MODIFIED FROM TIME TO TIME BY THE BOARD OF ZONING ADJUSTMENT.

IN ACCORDANCE WITH THE D.C. HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01 *ET SEQ.* (ACT), THE DISTRICT OF COLUMBIA DOES NOT DISCRIMINATE ON THE BASIS OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. SEXUAL HARASSMENT IS A FORM OF SEX DISCRIMINATION WHICH IS PROHIBITED BY THE ACT. IN ADDITION, HARASSMENT BASED ON ANY OF THE ABOVE PROTECTED CATEGORIES IS PROHIBITED BY THE ACT. DISCRIMINATION IN VIOLATION OF THE ACT WILL NOT BE TOLERATED. VIOLATORS WILL BE SUBJECT TO DISCIPLINARY ACTION.

**BOARD OF ZONING ADJUSTMENT FOR THE DISTRICT OF COLUMBIA
NOTICE OF CLOSED MEETINGS**

DATES AND TIMES:

Monday, January 13, 2020 at 3:00 p.m.
Monday, January 27, 2020 at 3:00 p.m.

Monday, February 3, 2020 at 3:00 p.m.
Monday, February 10, 2020 at 3:00 p.m.
Monday, February 24, 2020 at 3:00 p.m.

Monday, March 2, 2020 at 3:00 p.m.
Tuesday, March 9, 2020 at 3:00 p.m.
Monday, March 16, 2020 at 3:00 p.m.
Monday, March 23, 2020 at 3:00 p.m.
Monday, March 30, 2020 at 3:00 p.m.

Monday, April 6, 2020 at 3:00 p.m.
Monday, April 13, 2020 at 3:00 p.m.
Monday, April 20, 2020 at 3:00 p.m.
Monday, April 27, 2020 at 3:00 p.m.

Monday, May 4, 2020 at 3:00 p.m.
Monday, May 11, 2020 at 3:00 p.m.
Monday, May 18, 2020 at 3:00 p.m.
Tuesday, May 26, 2020 at 3:00 p.m.

Monday, June 1, 2020 at 3:00 p.m.
Monday, June 8, 2020 at 3:00 p.m.
Monday, June 15, 2020 at 3:00 p.m.
Monday, June 22, 2020 at 3:00 p.m.
Monday, June 29, 2020 at 3:00 p.m.

Monday, July 6, 2020 at 3:00 p.m.
Monday, July 13, 2020 at 3:00 p.m.
Monday, July 20, 2020 at 3:00 p.m.
Monday, July 27, 2020 at 3:00 p.m.

TELE-CONFERENCE NUMBER: (712) 770-4708
TELE-CONFERENCE ACCESS CODE: 344154

The Board of Zoning Adjustment (the “Board” or “BZA”) hereby provides notice to hold a public meeting via telephone conference on the dates and times listed above, for the purpose of considering whether to hold a closed meeting in order to seek legal advice from counsel on cases scheduled for hearing and decision on its upcoming agenda, as permitted by § 405(b)(4) of the

Open Meetings Act (D.C. Official Code § 2-575(b)(4)) or in order to deliberate upon, but not vote upon, cases scheduled for hearing and decision on its upcoming agenda, as permitted by § 405(b)(13) of the Open Meetings Act (D.C. Official Code § 2-575(b)(13).

Members of the public wishing to listen to the Board’s deliberation and decision as to whether to convene a closed meeting for these stated purposes may call (712) 770-4708 and enter access code 344154. No public testimony will be taken on the tele-conference. If the Board determines to hold a closed meeting, under the provisions of the Open Meetings Act cited above, the Board will close the public meeting and convene its closed meeting on a separate tele-conference line.

It is recommended that members of the public check the BZA hearing and meeting calendar at the Office of Zoning website to confirm that the date and time of the public meeting tele-conference have not been modified: <https://app.dcoz.dc.gov/Calendar/Calendar.aspx>

Do you need assistance to participate?

Amharic

ለመሳተፍ ዕርዳታ ያስፈልግዎታል?
የተለየ እርዳታ ካስፈለገዎት ወይም የቋንቋ እርዳታ አገልግሎቶች (ትርጉም ወይም ማስተርጎም) ካስፈለገዎት እባክዎን ከስብሰባው አምስት ቀናት በፊት ዚ ሂልን በስልክ ቁጥር (202) 727-0312 ወይም በኢሜል Zelalem.Hill@dc.gov ይገናኙ። እነኚህ አገልግሎቶች የሚሰጡት በነጻ ነው።

Chinese

您需要有人帮助参加活动吗?
如果您需要特殊便利设施或语言协助服务（翻译或口译），请在见面之前提前五天与 Zee Hill 联系，电话号码 (202) 727-0312，电子邮件 Zelalem.Hill@dc.gov。这些是免费提供的服务。

French

Avez-vous besoin d’assistance pour pouvoir participer ? Si vous avez besoin d’aménagements spéciaux ou d’une aide linguistique (traduction ou interprétation), veuillez contacter Zee Hill au (202) 727-0312 ou à Zelalem.Hill@dc.gov cinq jours avant la réunion. Ces services vous seront fournis gratuitement.

Korean

참여하시는데 도움이 필요하세요?
특별한 편의를 제공해 드려야 하거나, 언어 지원 서비스(번역 또는 통역)가 필요하시면, 회의 5일 전에 Zee Hill 씨께 (202) 727-0312로 전화 하시거나 Zelalem.Hill@dc.gov 로 이메일을 주시기 바랍니다. 이와 같은 서비스는 무료로 제공됩니다.

Spanish

¿Necesita ayuda para participar?
Si tiene necesidades especiales o si necesita servicios de ayuda en su idioma (de traducción o

interpretación), por favor comuníquese con Zee Hill llamando al (202) 727-0312 o escribiendo a Zelalem.Hill@dc.gov cinco días antes de la sesión. Estos servicios serán proporcionados sin costo alguno.

Vietnamese

Quý vị có cần trợ giúp gì để tham gia không?

Nếu quý vị cần thu xếp đặc biệt hoặc trợ giúp về ngôn ngữ (biên dịch hoặc thông dịch) xin vui lòng liên hệ với Zee Hill tại (202) 727-0312 hoặc Zelalem.Hill@dc.gov trước năm ngày. Các dịch vụ này hoàn toàn miễn phí.

FOR FURTHER INFORMATION, CONTACT THE OFFICE OF ZONING AT (202) 727-6311.

**FREDERICK L. HILL, CHAIRPERSON
LESYLLEÉ M. WHITE, MEMBER
LORNA L. JOHN, MEMBER
CARLTON HART, VICE-CHAIRPERSON,
NATIONAL CAPITAL PLANNING COMMISSION
A PARTICIPATING MEMBER OF THE ZONING COMMISSION
CLIFFORD W. MOY, SECRETARY TO THE BZA
SARA A. BARDIN, DIRECTOR, OFFICE OF ZONING**

**BOARD OF ZONING ADJUSTMENT
(REVISED) PUBLIC MEETING NOTICE
WEDNESDAY, JANUARY 29, 2020**

441 4TH STREET, N.W.

**JERRILY R. KRESS MEMORIAL HEARING ROOM, SUITE 220-SOUTH
WASHINGTON, D.C. 20001**

TO CONSIDER THE FOLLOWING: The Board of Zoning Adjustment will adhere to the following schedule, but reserves the right to hear items on the agenda out of turn.

TIME: 9:30 A.M.

WARD FOUR

14493B **Application of Marilyn Medrano**, pursuant to 11 DCMR Subtitle Y §
ANC 4C 703, for a modification of consequence to the conditions of BZA Order No.
14493-A, to allow the enrollment of children ranging in age from two
months to fourteen years of age for the child development center in the R-
16 Zone at premises 5331 Colorado Avenue, N.W. (Square 2718, Lot 804).

WARD FIVE

20173 **Application of Susan Ludwig and Laura Olsen**, pursuant to 11 DCMR
ANC 5E Subtitle X, Chapter 9, for a special exception under Subtitle E § 5201 from
the lot occupancy requirements of Subtitle E § 304.1, to construct a one-
story accessory structure in the rear yard of an existing attached principal
dwelling unit in the RF-1 Zone at premises 2011 1st Street N.W. (Square
3117, Lot 39).

PLEASE NOTE:

Failure of an applicant to supply a complete application to the Board, and address the required standards of proof for the application, may subject the application or appeal to postponement, dismissal or denial. The public meeting in these cases will be conducted in accordance with the provisions of Subtitles X and Y of the District of Columbia Municipal Regulations, Title 11. Individuals and organizations interested in any application may submit written comments to the Board.

An applicant is not required to attend for the decision, but it is recommended so that they may offer clarifications should the Board have questions about the case.

Except for the affected ANC, any person who desires to participate as a party in this case must clearly demonstrate that the person's interests would likely be more significantly, distinctly, or uniquely affected by the proposed zoning action than other persons in the general public. **Persons seeking party status shall file with the Board, not less than**

BZA PUBLIC MEETING NOTICE

JANUARY 29, 2020

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14 days prior to the date set for the hearing, a Form 140 – Party Status Application Form.* This form may be obtained from the Office of Zoning at the address stated below or downloaded from the Office of Zoning’s website at: www.dcoz.dc.gov. All requests and comments should be submitted to the Board through the Director, Office of Zoning, 441 4th Street, NW, Suite 210, Washington, D.C. 20001. Please include the case number on all correspondence.

The application will remain on the Expedited Review Calendar unless a request for party status is filed in opposition, or if a request to remove the application from the agenda is made by: (1) a Board member; (2) OP; (3) an affected ANC or affected Single Member District; (4) the Councilmember representing the area in which the property is located, or representing an area located within two-hundred feet of the property; or (5) an owner or occupant of any property located within 200 feet of the property.

The removal of the application from the Expedited Review Calendar will be announced as a preliminary matter on the scheduled decision date and then rescheduled for a public hearing on a later date. Notice of the rescheduled hearing will be posted on the Office of Zoning website calendar at http://dcoz.dc.gov/bza/calendar.shtm and on a revised public hearing notice in the OZ office. If an applicant fails to appear at the public hearing, this application may be dismissed.

*Note that party status is not permitted in Foreign Missions cases.

Do you need assistance to participate?

Amharic

ለመሳተፍ ዕርዳታ ያስፈልግዎታል?

የተለየ እርዳታ ካስፈለገዎት ወይም የቋንቋ እርዳታ አገልግሎቶች (ትርጉም ወይም ማስተርጎም)

ካስፈለገዎት እባክዎን ከስብሰባው አምስት ቀናት በፊት ዚ ሂልን በስልክ ቁጥር (202) 727-

0312 ወይም በኢሜል Zelalem.Hill@dc.gov ይገናኙ። እነኚህ አገልግሎቶች የሚሰጡት በነጻ ነው።

Chinese

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French

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Korean

참여하시는데 도움이 필요하세요?

BZA PUBLIC MEETING NOTICE

JANUARY 29, 2020

PAGE NO. 3

특별한 편의를 제공해 드려야 하거나, 언어 지원 서비스(번역 또는 통역)가 필요하시면, 회의 5일 전에 Zee Hill 씨께 (202) 727-0312로 전화 하시거나 Zelalem.Hill@dc.gov 로 이메일을 주시기 바랍니다. 이와 같은 서비스는 무료로 제공됩니다.

Spanish

¿Necesita ayuda para participar?

Si tiene necesidades especiales o si necesita servicios de ayuda en su idioma (de traducción o interpretación), por favor comuníquese con Zee Hill llamando al (202) 727-0312 o escribiendo a Zelalem.Hill@dc.gov cinco días antes de la sesión. Estos servicios serán proporcionados sin costo alguno.

Vietnamese

Quý vị có cần trợ giúp gì để tham gia không?

Nếu quý vị cần thu xếp đặc biệt hoặc trợ giúp về ngôn ngữ (biên dịch hoặc thông dịch) xin vui lòng liên hệ với Zee Hill tại (202) 727-0312 hoặc Zelalem.Hill@dc.gov trước năm ngày. Các dịch vụ này hoàn toàn miễn phí.

FOR FURTHER INFORMATION, CONTACT THE OFFICE OF ZONING AT (202) 727-6311.

**FREDERICK L. HILL, CHAIRPERSON
LESYLLEÉ M. WHITE, MEMBER
LORNA L. JOHN, MEMBER
CARLTON HART, VICE-CHAIRPERSON,
NATIONAL CAPITAL PLANNING COMMISSION
A PARTICIPATING MEMBER OF THE ZONING COMMISSION
CLIFFORD W. MOY, SECRETARY TO THE BZA
SARA A. BARDIN, DIRECTOR, OFFICE OF ZONING**

**BOARD OF ZONING ADJUSTMENT
PUBLIC MEETING NOTICE
WEDNESDAY, FEBRUARY 5, 2020
441 4TH STREET, N.W.
JERRILY R. KRESS MEMORIAL HEARING ROOM, SUITE 220-SOUTH
WASHINGTON, D.C. 20001**

TO CONSIDER THE FOLLOWING: The Board of Zoning Adjustment will adhere to the following schedule, but reserves the right to hear items on the agenda out of turn.

TIME: 9:30 A.M.

WARD EIGHT

18830A **Application of Bright Beginnings Inc.**, pursuant to 11 DCMR Subtitle Y
ANC 8C § 704, for a modification of consequence to the conditions of BZA Order
 No. 18830, to permit an increase the number of children to 115 and the
 number of staff to 43 at an existing child development center in the RF-1
 Zone at premises 3418 4th Street S.E. (Square 5969, Lot 249).

PLEASE NOTE:

Failure of an applicant to supply a complete application to the Board, and address the required standards of proof for the application, may subject the application or appeal to postponement, dismissal or denial. The public meeting in these cases will be conducted in accordance with the provisions of Subtitles X and Y of the District of Columbia Municipal Regulations, Title 11. Individuals and organizations interested in any application may submit written comments to the Board.

An applicant is not required to attend for the decision, but it is recommended so that they may offer clarifications should the Board have questions about the case.

Except for the affected ANC, any person who desires to participate as a party in this case must clearly demonstrate that the person's interests would likely be more significantly, distinctly, or uniquely affected by the proposed zoning action than other persons in the general public. **Persons seeking party status shall file with the Board, not less than 14 days prior to the date set for the hearing, a Form 140 – Party Status Application Form.*** This form may be obtained from the Office of Zoning at the address stated below or downloaded from the Office of Zoning's website at: www.dcoz.dc.gov. All requests and comments should be submitted to the Board through the Director, Office of Zoning, 441 4th Street, NW, Suite 210, Washington, D.C. 20001. Please include the case number on all correspondence.

BZA PUBLIC MEETING NOTICE

FEBRUARY 5, 2020

PAGE NO. 2

The application will remain on the Expedited Review Calendar unless a request for party status is filed in opposition, or if a request to remove the application from the agenda is made by: (1) a Board member; (2) OP; (3) an affected ANC or affected Single Member District; (4) the Councilmember representing the area in which the property is located, or representing an area located within two-hundred feet of the property; or (5) an owner or occupant of any property located within 200 feet of the property.

The removal of the application from the Expedited Review Calendar will be announced as a preliminary matter on the scheduled decision date and then rescheduled for a public hearing on a later date. Notice of the rescheduled hearing will be posted on the Office of Zoning website calendar at <http://dcoz.dc.gov/bza/calendar.shtm> and on a revised public hearing notice in the OZ office. If an applicant fails to appear at the public hearing, this application may be dismissed.

**Note that party status is not permitted in Foreign Missions cases.*

Do you need assistance to participate?

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BZA PUBLIC MEETING NOTICE

FEBRUARY 5, 2020

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CLIFFORD W. MOY, SECRETARY TO THE BZA
SARA A. BARDIN, DIRECTOR, OFFICE OF ZONING**

**ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF FILING**

Z.C. Case No. 19-30

**(ANC 5D – Map Amendment @ Squares 4494, 4495, 4506, and 4507 and Parcel 160)
December 12, 2019**

THIS CASE IS OF INTEREST TO ANC 5D, 7D, and 6A

On December 1, 2019, the Office of Zoning received an application from advisory Neighborhood Commission 5D (the “Petitioner”) for approval of a map amendment for the above-referenced property.

The properties that are the subject of this petition are located in the northeast quadrant of the District and approximately bounded by H Place, N.E. and midblock Square 4495 (north), 21st Street, N.E. (east), Benning Road (south), and 18th Street, N.E. and midblock Square 4507 (west).

The Petitioner proposes to rezone the following properties from RA-2 to RF-4:

- Square 4494, Lots 38-55, 75-82, 85-90, and 843.
- Square 4495, Lots 2-66.
- Square 4506, Lots 88-139 and 141-163.
- Square 4507, Lots 89-101, 112-118¹, and 143-164.

The Petitioner proposed to rezone the following properties from MU-4 to MU-5A:

- Parcels 160/38 (southern portion) and 160/22.²
- Square 4506, Lots 85-87, 164-166, 803, 805, 809, 811, 813, 817, 819, 821, and 823.
- Square 4507, Lots 119-132, 138-142, 166-170, 935, 937, 938, and 940.

The RA-2 zone is intended to provide for areas developed with predominately moderate-density residential uses. The RA-2 zone allows a maximum height of 50 feet (with exceptions for structures and buildings with specified setbacks – see Subtitle F § 203), a maximum lot occupancy of 60%, and maximum density of 1.8 floor area ratio (“FAR”).

The RF-4 zone is intended to provide for areas predominately developed with attached row houses of three or more stories. The RF-4 zone allows a maximum height of 40 feet and three stories (with exceptions for structures and buildings with specified setbacks –

¹ Lots 112-118 in Square 4507 were erroneously left off the initial petition and were subsequently added (see Ex. 1B for the correction).

² Lots 38 (southern portion) and 22 in Parcel 160 were listed in the initial petition as being in Square 4506 (see Ex. 1B for the correction).

see Subtitle E § 603), a maximum lot occupancy of 40%, and maximum density of 1.8 FAR for structures other than residences and churches.³

The MU-4 zone is intended to: permit moderate-density mixed-use development; provide facilities for shopping and business needs, housing, and mixed uses for large segments of the District of Columbia outside of the central core. MU-4 zone allows a maximum height of 50 feet; a maximum lot occupancy of 60% (70% for Inclusionary Zoning [IZ]); and maximum density of 2.5 FAR (3.0 for IZ, 1.5 for non-residential, and 2.0 for existing building under certain circumstances – see Subtitle G § 402.2).

The MU-5 zone is intended to: permit medium-density, compact mixed-use development with an emphasis on residential use; provide facilities for shopping and business needs, housing, and mixed-uses for large segments of the District of Columbia outside of the central core. The MU-5-A zone allows a maximum height of 65 feet (70 feet for Inclusionary Zoning); a maximum lot occupancy of 80%; and maximum density of 3.5 FAR (4.2 for IZ, 1.5 for non-residential, and 2.0 for existing buildings under certain circumstances – see Subtitle G § 402.2).

This case was filed electronically through the Interactive Zoning Information System (“IZIS”), which can be accessed through <http://dcoz.dc.gov>. For additional information, please contact Sharon S. Schellin, Secretary to the Zoning Commission at (202) 727-6311.

³ There are no specified FAR limitations for residences and places of worship in the RF-4 zone.

District of Columbia REGISTER – December 27, 2019 – Vol. 66 - No. 53 016510 – 016762