

## Notice of Agency Rulemaking Proposal

AGENCY: DHHS Maine Center for Disease Control and Prevention

CHAPTER NUMBER AND TITLE: 10-148 C.M.R., Ch. 101, AIDS Case Management Program Standards

PROPOSED RULE NUMBER *(leave blank; to be assigned by Secretary of State)*:

BRIEF SUMMARY: This rule has not been recently updated and it has become outdated. The rule contains only the standards for the provision of services by agencies under contract. There are no enforcement mechanisms within the rule. Program requirements and deliverables are currently included in the Rider A of provider contracts. The Department has determined the rule is not necessary and is proposing that it be repealed. Services will continue in the same manner, program standards and requirements will continue to exist within the provider contracts.

Date, time and location of PUBLIC HEARING: Public hearing not scheduled.

COMMENT DEADLINE: January 19, 2018

CONTACT PERSON FOR THIS FILING *(include name, mailing address, telephone, fax, TTY, e-mail)*:  
 Andrew Hardy, 286 Water Street, 11 State House Station, Augusta, ME 04333-0011  
 Tel: (207) 287-4490, Fax: (207) 287-2887, TTY: Call 711 (Maine Relay)  
[andrew.hardy@maine.gov](mailto:andrew.hardy@maine.gov)

CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT *(if different)*:

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES *(if any)*:

STATUTORY AUTHORITY FOR THIS RULE: 5 MRS § 19205, 22 MRS § 42

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED *(if different)*:

AGENCY WEBSITE: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/>

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: [tera.pare@maine.gov](mailto:tera.pare@maine.gov)

\* Check one of the following two boxes.

- The summary provided above is for publication in both the newspaper and website notices.*
- The summary provided above is for the newspaper notice only. Title 5 §8053, sub-§5 & sub-§7, ¶D. A more detailed summary is attached for inclusion in the rule-making notice posted on the Secretary of State's website. Title 5 §8053, sub-§3, ¶D & sub-§6.*

**Please approve bottom portion of this form and assign appropriate AdvantageME number.**

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
*(authorized signature)*

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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