

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802) - 871-3317
To Report Adult Abuse: 800-564-1612
Fax (802)-871-3318

Greetings:

Thank you for your interest in Therapeutic Community Residence licensure. Issuance of a license is based on compliance with Therapeutic Community Licensing Regulations. Prior to purchasing, constructing, renovating or changing levels please review the enclosed Therapeutic Community Residence Regulations carefully. These can also be accessed on line at the Division of Licensing and Protection's (DLP) web site: <http://www.dlp.vermont.gov>. To locate the Regulations click on Care Facility Regulations in the left hand column, scroll down until you see the applicable facility type.

Should you decide to pursue licensure; the following steps need to be completed:

1. Complete the enclosed application and tax form and return the originals to this office with a copy of the applicable environmental/zoning permits, and a floor plan of your proposed facility illustrating the locations, sizes of rooms, exits and stairways.
2. Submit for review and approval a copy of each of the following:
 - a. Admission agreement,
 - b. Grievance procedure,
 - c. Medication administration procedures, including procedures for handling controlled substances,
 - d. A copy of your emergency plan, that includes evacuation and sheltering in place.
 - e. A copy of the policies and procedures the facility is responsible for developing, revising and maintaining, that govern all aspects of the facility's operation.

3. In addition to Department of Disabilities, Aging and Independent Living requirements noted above, no license can be granted until all required permits are obtained. You need to contact:
 - a. Permit Specialist with Department of Environmental Conservation, Environmental Assistance Office, Permit Assistance in order to coordinate with the appropriate regional office regarding their permitting process. **To contact the correct permit specialist, please see the enclosed maps.** Contact the permit specialist that covers the town that your anticipated facility is located.
 - b. Division of Fire Safety to obtain a Certificate of Occupancy. Please refer to enclosed map for the district office that covers the area your anticipated facility is located.
 - c. Division of Healthcare Administration at 802-828-2918 to request a Jurisdictional Determination related to your proposed project.
4. The following background checks must be completed on all current and future staff of the facility:
 - a. Criminal Record Checks -- Contact the Vermont Criminal Information Center at (802) 244-8727 for information regarding setting up the criminal record check process.
 - b. Child Abuse Registry Checks -- The Department of Children & Families process is outlined on their web site: http://dcf.vermont.gov/child_protectiton_registry.
 - c. Adult Abuse Registry Checks -- Contact our office at (802) 871-3331 for information regarding setting up the adult abuse record check process.
 - d. Federally Excluded Individuals/Entities -- Go to the Federal Department of Health and Human Services Office of Inspector General's web site at www.oig.hhs.gov regarding the on-line search for excluded individuals.
5. To be in compliance with the Americans with Disabilities Act, each facility must be accessible to and functional for physically handicapped residents, personnel and members of the public. For more information, contact the ADA information line at 1-800-949-4232 or www.adaptenv.org.

Once all required information has been submitted, reviewed and approved, you will be contacted to arrange an initial licensure visit.

Please feel free to contact me at (802) 871- 331 or email me at suzanne.leavitt@state.vt.us with any questions or additional information you might need.

Sincerely,



Suzanne Leavitt, RN
Assistant Director
State Survey Agency Director

Enclosures: License Application
1 Tax Form
Permit Specialist Flyer & District Maps
Public Safety Division Fire Safety Map
Background Check Policy
Controlled Substances in the USA
Current TCR Licensing Regulations



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

http://www.dail.vermont.gov

Voice/TTY: (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax: (802) 871-3318

For DLP office use only
Initial & date for approval

LICENSE APPLICATION/REAPPLICATION

I. IDENTIFYING INFORMATION

▶ FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

▶ FEDERAL TAX IDENTIFICATION NUMBER: _____

Type of license applied for:

Assisted Living Residence: # of Units: _____ Maximum Occupancy: _____

Home for the Terminally Ill: # of Beds: _____

Residential Care Home: Level III or IV (circle one) # of Beds: _____

Therapeutic Community Residence: # of Beds: _____

▶ Does the facility have a DESIGNATED SPECIAL CARE UNIT? YES NO
If YES, what type is it? _____ How many beds/units? _____

Name of Facility: _____

Mailing Address: _____

Physical Address: _____

Licensee: _____

Facility Telephone #: _____ Facility Fax #: _____

Facility E-mail: _____

Name of Administrator, Manager, or Director (phone and E-mail if it differs from above):

Are you listed as the Administrator, Manager or Director on any **OTHER** license? YES NO
(circle one)

If YES, name the **OTHER** facility _____

II. **PERSONNEL** (For all facilities as applicable)

Name of Director of Nursing or Registered Nurse/Agency providing medication delegation:

Name of Registered Nurse: _____ License #: _____

Name of Agency (if applicable): _____

Address: _____

Telephone #: _____ E-mail: _____

III. **CRIMINAL RECORD AND ABUSE REGISTRY CHECKS**

Answer the following questions by circling YES or NO. If YES, list the names and addresses of the individuals under each question.

- A. Has any individual or organization owning or having more than 5% or more controlling interest in the facility been convicted of a criminal offense or had a substantiation of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

- B. Are there any directors, officers or employees of the home who have had a substantiated complaint of abuse, neglect or exploitation? YES NO

Name: _____

Address: _____

- C. Have Criminal Record Checks plus Adult and Child Abuse Registry Checks been completed on all staff, including the Administrator/Manager/Director? YES NO

IV. OWNERSHIP

- A. List names and addresses for individuals or organizations having direct ownership or controlling interest in the business. Attach a separate page if needed.

Name: _____ Contact information (address, phone and e-mail): _____

- B. Is the facility a non-profit? YES NO

- C. Type of business (check one):

Partnership Corporation Sole Owner Other (describe)

If corporation is checked, then list names and addresses of the Directors.
Attach a separate page if needed.

Name: _____ Contact information (address, phone and e-mail): _____

V. FOR ALL APPLICANTS – Please answer the following questions.

- A. Does the facility currently carry Workers' Compensation Insurance? YES NO
If yes, please attach proof of current coverage. (Please check the expiration date.) (This is generally a one-page document with "Certificate of Liability Insurance" written at the top of the page.)

If no, please provide an explanation on a separate sheet.

- B. Is the facility registered with the Vermont Secretary of State's office? YES NO
If yes, under what name: _____

VI. FOR REAPPLICATION ONLY - Answer the following questions by circling YES or NO. Fill in the additional information if applicable.

- A. **For RCH only**, what is the total number of residents currently residing in the home with Level of Care Variances? _____

- B. **For RCH and ALR only**, are you currently enrolled in the Enhanced Residential Care (ERC) Program? YES NO
If yes, how many residents are currently receiving the ERC benefit? _____
- C. Has there been a change of ownership or control in the past year? YES NO
 If yes, give date of change _____
- D. Do you anticipate any change of ownership or control within the next year? YES NO
 If yes, give date of change _____
- E. Do you anticipate filing for bankruptcy within the next year? YES NO
 If yes, give date of change _____
- F. Is the facility operated by a management company, or leased in whole or part by another organization? YES NO
 If yes, name of company/organization _____
- G. Has there been a change in Administrator/Manager/Director within the past year? YES NO
If yes, give date of change _____
 Name of new Administrator/Manager/Director: _____
- H. Have you increased your bed capacity within the past year? YES NO
 If yes, give date of change _____
 Number of current beds: _____ # of prior beds: _____ Current census: _____
- I. Has the nature of services been expanded or any changes anticipated (such as adult day care, senior meals site, etc.)? YES NO
 If yes, please describe: _____
-

VII. REFERENCES *(For initial application only)*

Please provide three (3) letters of reference from unrelated persons. Acceptable references will address the applicant's ability to run the facility and the applicant's character.

VIII. PERMITS *(For initial application or request for increased licensed capacity, submit the following):*

- A. Written evidence of compliance with local zoning codes or a statement signed by official representatives of the city, town or village clerk that zoning codes have not been adopted in the community.
- B. Written evidence of compliance from Environmental Conservation in regard to water and sewage systems.

IX. BUILDING PLANS *(For initial application, new construction and/or request for increased licensed capacity)*

Building plans/blueprints must be submitted to the Department of Public Safety, Division of Fire Safety in your district. Address and phone numbers are included with initial application packet. Floor plans must be submitted to Division of Licensing and Protection (not blueprints).

X. ONE (1) ORIGINAL TAX FORM *(For initial application and reapplication)*

The applicant and licensee shall be in good standing with the Vermont Department of Taxes, pursuant to V.S.A. Section 3113. Failure to do so shall result in denial or revocation of license. Submit enclosed tax certification form with application or reapplication, signed and dated.

XI. ASSISTIVE COMMUNITY CARE SERVICES (ACCS)**

Please answer the following questions by circling YES or NO, and fill in additional information if applicable.

A. Are you currently enrolled for participation? YES* NO

*If YES, how many current residents are receiving the ACCS benefit? _____

B. If no, do you wish to enroll? YES NO

C. If YES,

1. What is the proposed date to begin participation? _____

2. Are there any residents eligible for the program residing in the residence? YES NO

**Reapplication also indicates reapplication for ACCS Program if you already participate.

XII. LIFE SAFETY

A. Date of most recent Labor and Industry Inspection: _____, OR

B. Date of most recent local Fire Marshall Inspection (authorized by Labor and Industry):

The undersigned agrees to comply with the applicable State of Vermont and Federal Regulations. In making this application for licensure, the undersigned agrees to submit a written notice to the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, at least 90 days in advance of sale or change in ownership of the facility, in the event residents will be required to move.

I hereby certify that the above statements are made for the purpose of obtaining a license to operate a facility of the type I have indicated above. Failure to provide complete, truthful and accurate information as required shall be grounds for automatic denial or revocation of a License to Operate.

SIGNATURE OF LICENSEE or ADMINISTRATOR

DATE

RENEWAL APPLICATIONS DUE 45 DAYS PRIOR TO EXPIRATION DATE OF LICENSE

REGIONAL OFFICES

DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC) DISTRICT ENVIRONMENTAL COMMISSIONS (ACT 250)

DISTRICTS 1, 8, & 9

450 Asa Bloomer State Office Bldg.
Merchants Row,
Rutland, VT 05701-5903

DEC Permit Specialist.....	785-5907
DEC Wastewater Program.....	785-5900
Act 250 (Dist #1 & 8).....	785-5920
Act 250 (Dist #9).....	879-5614
DEC River Management.....	371-8342
DEC Wetlands.....	885-8851

DISTRICTS 2 & 3

100 Miners St, Ste #303
Springfield, VT 05156

DEC Permit Specialist.....	885-8850
DEC Wastewater Program.....	885-8956
Act 250 (Dist #2).....	885-8846 or 885-8840
Act 250 (Dist #3).....	885-8843
DEC River Management.....	345-3510
DEC Wetlands.....	885-8851

DISTRICTS 4 & 6

111 West Street
Essex Junction, VT 05452

DEC Permit Specialist.....	879-5676
DEC Wastewater Program (Dist #4 & 6).....	879-5656
Act 250 (Dist #4 & 6).....	879-5614
DEC River Management.....	777-5328
DEC Wetlands.....	879-2396

DISTRICTS 3A & 5

5 Perry Street, Suite 80
Barre, VT 05641-4262

DEC Permit Specialist.....	476-0195
DEC Wastewater Program.....	476-0190
Act 250 (Dist #3 & 3A).....	885-8843
Act 250 (Dist #5).....	476-0165
DEC River Management.....	278-1143
DEC Wetlands (Dist #3A).....	885-8851
DEC Wetlands (Dist #5).....	338-4823

DISTRICT 7

1229 Portland St Ste 201
St. Johnsbury, VT 05819

DEC Permit Specialist (Tue-F).....	751-0127
DEC Wastewater Program.....	751-0130
Act 250.....	751-0120
DEC River Management.....	751-0129
DEC Wetlands.....	338-4823



3A* NOTE:

For towns in District 3A, contact the Springfield Office for Act 250 Permits. For Water Supply, Wastewater Disposal and Subdivision Approval, District 3A must contact the Barre Office.

9* NOTE:

For towns in District 9, contact the Essex Junction Office for Act 250 Permits. For Water Supply, Wastewater Disposal and Subdivision Approval, District 9 must contact the Rutland Office.

Source: Photo Courtesy of Charles L. Bone



Make your first call the right one, contact a **Permit Specialist**

The goal of the Permit Assistance Specialist is to take the mystery, anxiety, and frustration out of the permit process for businesses and the public. The Specialists give you advice about state permits required for your project and help you find the on-line resources and staff who can help you obtain your permit. To provide the best service, they are located in 5 regional offices. See the map.

A Specialist can prepare a Project Review Sheet (PRS), as a road map to other state permits you may need. Knowing all of the permits required before you begin your project can prevent costly delays, saving you time and money.

The PRS can be developed as a preliminary jurisdictional review for the client's use only. Even though this information is not strictly confidential, we have rarely had an outside request for the information.

Annually the Specialists provide businesses and Vermonters with...

- Over 5,000 contacts providing permit information
- 2,500 project specific permit determinations

The Permit Assistance Program is part of the Environmental Assistance Office, a non-regulatory branch of the Vermont Department of Environmental Conservation. EAO also operates a Small Business Compliance Assistance Program that can help existing businesses evaluate their compliance with environmental regulations during a confidential site visit. This is important if you are selling, financing, or expanding your business. Please call (800) 974-9559.



VERMONT
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Environmental Assistance Office

Agency of
Natural
Resources

Do You Need A
State Permit?



Ask A
Permit
Specialist

rev. 5/12

PERMIT ASSISTANCE

PERMIT SPECIALISTS are available in the Regional Offices to answer your questions about the permit process. The Permit Specialist will advise you about needed state permits and will prepare a *Project Review Sheet (PRS)*.

The *Project Review Sheet* is a preliminary determination of not only environmental permits, but any state permits your project may need. It lists the agencies and departments and provides contact information.

To quickly locate the Permit Specialist serving your area, use the map on this brochure or the Permit Specialist locator at:

www.anr.state.vt.us/dec/ead/pa/index.htm

THE PERMIT HANDBOOK is a reference book that explains most of the state permit programs with summaries of permits, required fees, and contact persons within specific programs. The *Permit Handbook* is available:

- On the Internet at:
www.anr.state.vt.us/dec/permit_hb/index.htm
- or obtain further information by contacting the Permit Assistance Program at 477-3101.

PERMIT INFORMATION SUMMARY PAGE contains a listing of all Department of Environmental Conservation (DEC) permit programs with links to application forms, instructions and other permitting information. The Permit Information Summary Page is available on the Internet at:

www.anr.state.vt.us/dec/permits.htm

COMPLIANCE ASSISTANCE is also available to Vermont small businesses and municipalities. To request assistance call:

(800) 974-9559

DEC PERMITS

Wastewater System & Potable Water Supply Permits

A Wastewater System and Potable Water Supply Permit may be required for:

- Subdivision of land.
- Construction, modifications, or changes in use of buildings and structures such as:
 - apartments (1 or more)
 - second dwelling on a lot
 - churches, schools
 - stores, offices
 - food service
 - municipal buildings
 - mobile home parks
 - duplexes
 - repair shops
 - day cares
 - lodging
 - beauty parlors
 - health care
 - campgrounds

Contact the Regional Office Wastewater Program for more information (*see map*).

Other Department of Environmental Conservation Permitting Programs

- Public water systems. (800) 823-6500 or (802) 241-3400
- Industrial process air emissions, open burning. (888) 520-4879 or (802) 241-3840
- Wastewater discharge permits, floor drains. (802) 654-0931
- Wetlands. (*for regional office numbers see map, over*) (802) 338-4835
- Stormwater disposal. (802) 338-4835
- River Management. (*for regional office numbers see River Mgmt. on map, over*) (802) 241-3444
- Waste transfer stations, recycling, composting. (802) 241-3444
- Hazardous waste handling, storage, burning waste oil. (802) 241-3868
- Salvage Yards. (802) 595-5740

ACT 250

In addition to the DEC permits described to the left, an Act 250 permit may also be required for projects such as those listed below.

Act 250, Vermont's development and control law, is administered by nine District Environmental Commissions, comprised of citizens appointed by the Governor, and supported by staff (District Coordinators) in five Regional Offices (*see map*).

- Construction for commercial purposes depending upon the size of the tract of land and the town in which it is located.
- The construction of 10 or more housing units, including mobile-home parks, within 5 years.
- The subdivision of land into 10 or more lots of any size within 5 years.
- The subdivision of land into six or more lots, within 5 years, in a town which does not have both permanent zoning and subdivision regulations.
- Construction that would substantially change or expand a pre-1970 "grandfathered" development that would require a permit if built today.
- Construction for a governmental purpose which disturbs more than 10 acres, or is part of a larger project that will involve more than 10 acres of land.
- Construction of a support structure, 50 feet tall or higher, primarily for communication or broadcast purposes.
- Construction, including forestry or farming, above 2,500 feet in elevation.
- Contact Act 250 at Regional Offices (*see map*).

ADDITIONAL CONTACTS

DEPARTMENT OF PUBLIC SAFETY

Construction permit for fire prevention, electrical wiring, plumbing, and ADA access for public buildings. Operating permit for boilers and pressure vessels (i.e. LP gas storage).

Barre.....479-4434
Williston.....879-2300
Springfield.....885-8883
Rutland.....786-5867

DEPARTMENT OF HEALTH

Food, lodging, bakeries, childrens' camps, asbestos and lead control programs.

(802) 863-7220

DEPARTMENT OF AGRICULTURE

Greenhouses, Golf Courses, Large Farms, Pesticides, Gas Pumps, Scales, Milk Processing, Poultry Processing, Slaughterhouses, Animal Shelters/Kennels, & Retail Sales of Milk, Meat, Poultry, & Pesticides.....828-2430

AGENCY OF TRANSPORTATION

Construction within a state highway right-of-way (i.e. driveways).....828-2653
Off premise signs.....828-2651

AGENCY OF HUMAN SERVICES

Child care facilities.....(800) 649-2642
Nursing & other care homes.....871-3317

SECRETARY OF STATE

Business registration.....828-2386
Professional regulation.....(888) 287-5006

DEPARTMENT OF TAXES

Telephone: 828-2551 Fax: 828-5787

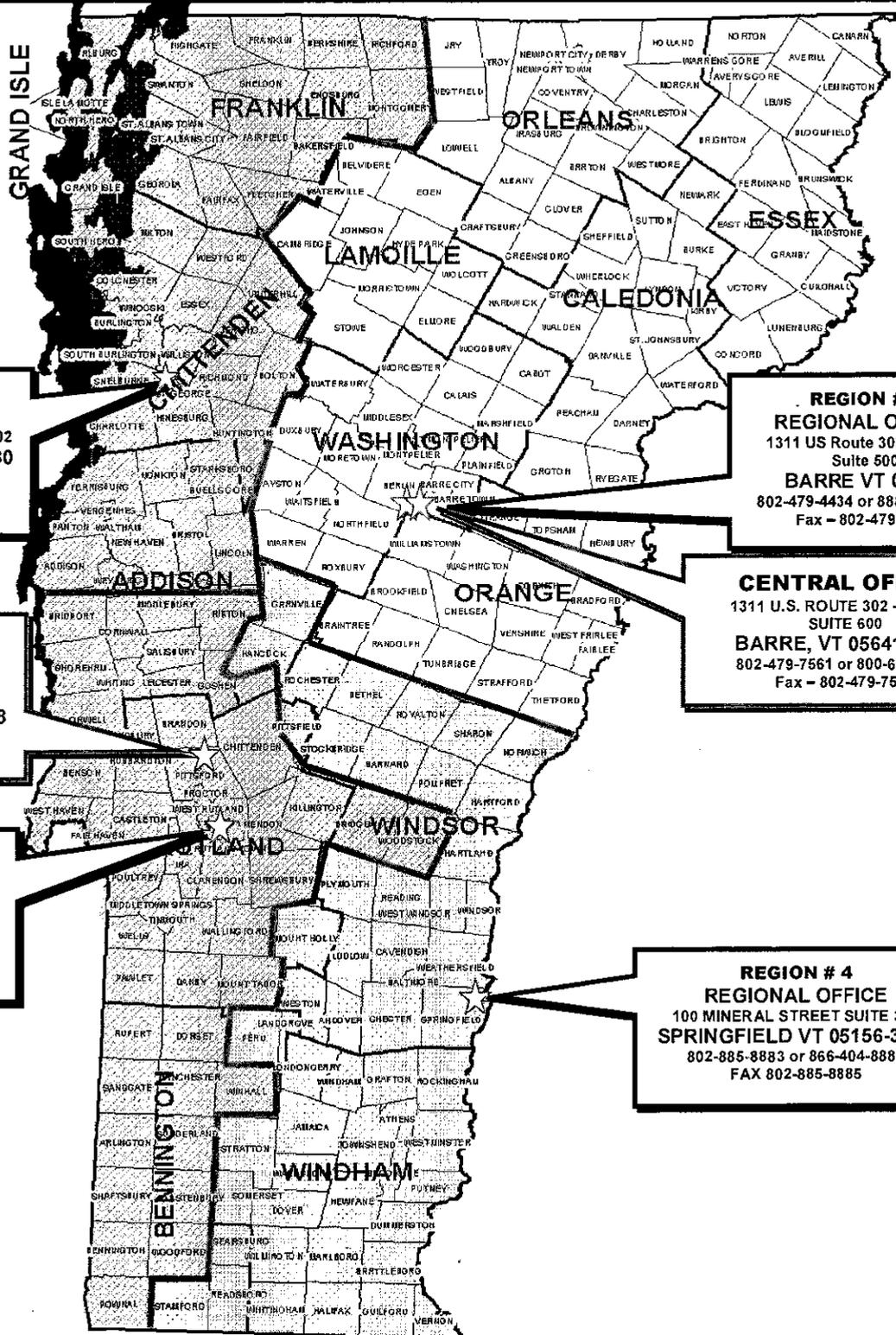
This is not intended to be a complete listing of all state regulatory programs. Please contact the agencies listed for additional information on any project you pursue.



STATE OF VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 OFFICE OF THE STATE FIRE MARSHAL AND THE STATE FIRE ACADEMY



Regional Offices Coverage Areas



REGION # 1
REGIONAL OFFICE
 372 HURRICANE LANE SUITE 102
 WILLISTON VT 05495-2080
 802-879-2300 or 800-366-8325
 FAX - 802-879-2312

REGION # 2
REGIONAL OFFICE
 1311 US Route 302 - Berlin
 Suite 500
BARRE VT 05641
 802-479-4434 or 888-870-7888
 Fax - 802-479-4446

VERMONT STATE
FIRE ACADEMY
 317 ACADEMY ROAD
 PITTSFORD VT 05763-9358
 802-483-2755 or 800-615-3473
 FAX - 802-483-2464

CENTRAL OFFICE
 1311 U.S. ROUTE 302 - BERLIN
 SUITE 600
BARRE, VT 05641-2351
 802-479-7561 or 800-640-2106
 Fax - 802-479-7562

REGION # 3
REGIONAL OFFICE
 56 HOWE STREET
 BUILDING A - SUITE 200
 RUTLAND VT 05701
 802-786-5867 or 888-370-4834
 FAX - 802-786-5872

REGION # 4
REGIONAL OFFICE
 100 MINERAL STREET SUITE 307
SPRINGFIELD VT 05156-3168
 802-885-8883 or 866-404-8883
 FAX 802-885-8885

**Division of Licensing and Protection
May 2009**

**Variations for Criminal Backgrounds
Nursing Homes and Residential Care Homes**

Refer to State of Vermont Licensing and Operating Rules for Nursing Homes Section 3.17
Freedom from Restraints and Abuse or
State of Vermont Residential Care Home Licensing Regulations Section 5.11.c

The decision regarding whether or not to seek a variance is voluntary on the part of the facility. You may decide not to employ the person. It is up to you, but if you do, you need to seek and obtain a variance.

Required documentation to submit to DLP

1. A letter from the facility administrator requesting the variance that describes the offence(s) and the reasons why the facility is seeking to employ the individual. Include the duties and hours of the prospective employee.
2. A copy of the criminal background check that contains the description of the offense and when it occurred.
3. A brief statement from the prospective employee that describes the offense and the reasons why the person wishes to be employed.

Please note that the variance is granted to the facility and not the individual. Please do not encourage the prospective employee to contact DLP on his/her own. The variance may be reviewed or revised by DLP at any time.

Controlled Substances in the United States

Controlled substances Act – United States

The U.S. Federal controlled Substances Act of 1970 places drugs controlled by the Act into five categories or schedules based on their potential to cause psychological and/or physical dependence as well as on their potential for abuse. The schedules are defined as follows:

Schedule I [C-I]: Includes substances for which there is a high abuse potential and no current approved medical use (e.g., heroin, marijuana, LSD, other hallucinogens, certain opiates and opium derivatives).

Schedule II [C-II]: Includes drugs that have a high ability to produce physical or psychological dependence and for which there is a current approved or acceptable medical use (e.g., narcotics, certain CNS stimulants).

Schedule III [C-III]: Includes drugs for which there is less potential for abuse than drugs in Schedule II and for which there is a current approved medical use and moderate dependence liability. Certain drugs in this category are preparation containing limited quantities of codeine and nonbarbiturate sedatives. Anabolic steroids are classified in Schedule III.

Schedule IV [C-IV]: Includes drugs for which there is less abuse potential than for Schedule III, for which there is a current approved medical use, and that have limited dependence liability.

Schedule V [C-V]: Drugs in this category consist mainly of preparation containing limited amounts of certain narcotic drugs for use as antitussives and antidiarrheals. Federal law provides that limited quantities of these drugs (e.g., codeine) may be bought without a prescription by an individual at least 18 years of age if allowed under state statutes. The product must be purchased from a pharmacist, who must keep appropriate records. However, state laws vary, and in many states such products require a prescription.

Note: Generally prescriptions for Schedule II (high abuse potential) drugs cannot be transmitted over the phone and they cannot be refilled. Prescriptions for Schedule III, IV, and V drugs may be refilled up to five times within 6 months, schedule II drugs are not necessarily “stronger than drugs in Schedules III, IV or V; schedule II drugs are classified as such due to their high abuse potential.

Drug	Schedule	Drug	Schedule
Alprazolam	IV	Methylphenidate HCl	II
Amphetamine Sulfate	II	Methyltestosterone	III
Aprobarbital	III	Midazolam	IV
Benzphetamine HCl	III	Morphine Sulphate	II
Buprenorphine HCl	V	Nandrolone Decanote	III
Butabarbital Sodium	III	Opium	II
Butorphanol Tartate	IV	Oxandrolone	III
Chloral Hydrate	IV	Oxazepam	IV
Chlordiazepoxide	IV	Oxycodone HCl	II
Clonazepam	IV	Oxymetholone	III
Clorazepate Dipotassium	IV	Oxymorphone HCl	II
Codeine	II	Paraldehyde	IV
Dexmethylphenidate HCl	II	Paregoric	III
Dextroamphetamine Sulfate	II	Pemoline	IV
Diazepam	IV	Pentazocine	IV
Diethylpropion HCl	IV	Pentobarbital Sodium	
Estazolam	IV		PO II
Ethchlorvynol	IV		Rectal III
Fentanyl	II	Phendimetrazine Tartrate	III
Fluoxymesterone	III	Phenobarbital	IV
Flurazepam HCl	IV	Phentermine HCl	IV
Glutethimide	II	Propoxyphene	IV
Halazepam	IV	Quazepam	IV
Hydrocodone	Not available alone (usually C-II in combination drugs)	Secobarbital Sodium	II
Hydromorphone HCl	II	Sibutramine HCl	IV
Levomethadyl Acetate HCl	II	Stanozolol	III
Levorphanol Tartrate	II	Sufentanil Citrate	IV
Lorazepam	IV	Temazepam	IV
Meperidine HCl	II	Testosterone (all forms)	III
Mephobarbital	IV	Triazolam	IV
Meprobamate	IV	Zalephon	IV
Methadone HCl	II	Zolpidem Tartrate	IV
Methamphetamine HCl	II		