JANUARY 2024 MANUAL UPDATE

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

June2,2023

To leaders and staff of the Behavioral Health Administration (BHA) and each local entity authorized to represent BHA in local jurisdictions across Maryland:

The attached *Manual for Managing the Public Behavioral Health System* seeks to clarify and build a shared vision for local behavioral health system in our state. It defines roles, standard processes, and supporting information to help achieve the best possible health outcomes for all Marylanders. In the spirit of collaboration and shared learning, this *Manual* was developed over the past few years using a multi-step process involving subject matter experts from BHA, Local Behavioral Health Authorities (LBHAs) (or Core Service Agency and Local Addictions Authority together), the state's Medicaid agency, providers, consumer advocacy organizations, and others.

BHA and LBHAs manage the Public Behavioral Health System (PBHS) at the state and local level, respectively. This work ensures that Marylanders receive services and support for mental health, substance use, and related disorders to achieve optimal health and wellbeing. To do this, we collaborate with each other and partners such as local health departments, providers, and other agencies. Individually and together, we do our best to wisely use public resources – both funding and staff time - in a health care system that is continuously evolving.

Like any written operations manual, this document will serve as a foundation for BHA and LBHAs to have greater clarity and alignment around shared expectations. Being the first version, this *Manual* is in a "pilot phase" so together we can learn, test it, and offer feedback. With several common activities now documented in written procedures, LBHAs and BHA are expected to follow these step-by-step processes and apply the guidance offered in the *Manual*. This may raise questions and reveal needed revisions so the *Manual* better reflects how the PBHS should be managed. Please send comments and questions about the *Manual* to PBHSystem.Manual@maryland.gov.

As a living document, the *Manual* will be expanded and updated in FY2024 and going forward. Following the example of the Billing Manual that MDH has maintained for local health departments for several years, the *Manual for Managing the Public Behavioral Health System* will be posted on the BHA website for full access and transparency.

Thank you for your ongoing commitment to serving all Marylanders by effectively managing the *Public Behavioral Health System* together.



Laura Herrera Scott, MD, MPH
Secretary

Behavioral Health Administration (BHA)

Manual for Managing the Public Behavioral Health System in Maryland

January 2024 UPDATE *of the Manual released June 2023*

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Purpose of the *System Manager Manual* (and how to submit feedback)

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) developed this manual to delineate requirements for BHA and entities authorized by BHA to manage the Maryland Public Behavioral Health System (PBHS). The authorized entities are Local Behavioral Health Authorities (LBHAs), Core Service Agencies (CSAs), Local Addictions Authorities (LAAs) – collectively referred to as LBHAs in this manual (see Attachment C for a list of the authorized entities). Established and associated requirements for LBHAs are defined under statutes and regulations for the State of Maryland and Maryland Department of Health.

The purpose of this Manual, including all version updates and additions, is to improve clarity and consistency in how the PBHS is managed. All leaders and staff of BHA and LBHAs are expected to operate in accordance with the latest version of this Manual, including all content revisions and additions, and to use the standard definitions and acronyms in Attachments A and B. As needed, this Manual will be revised to stay consistent with state and federal requirements and reflect expectations from the Maryland Department of Health. For more information about this Manual, go to https://health.maryland.gov/bha/Pages/Manual-for-Managing-the-Public-Behavioral-Health-System.aspx

HOW TO SUBMIT FEEDBACK

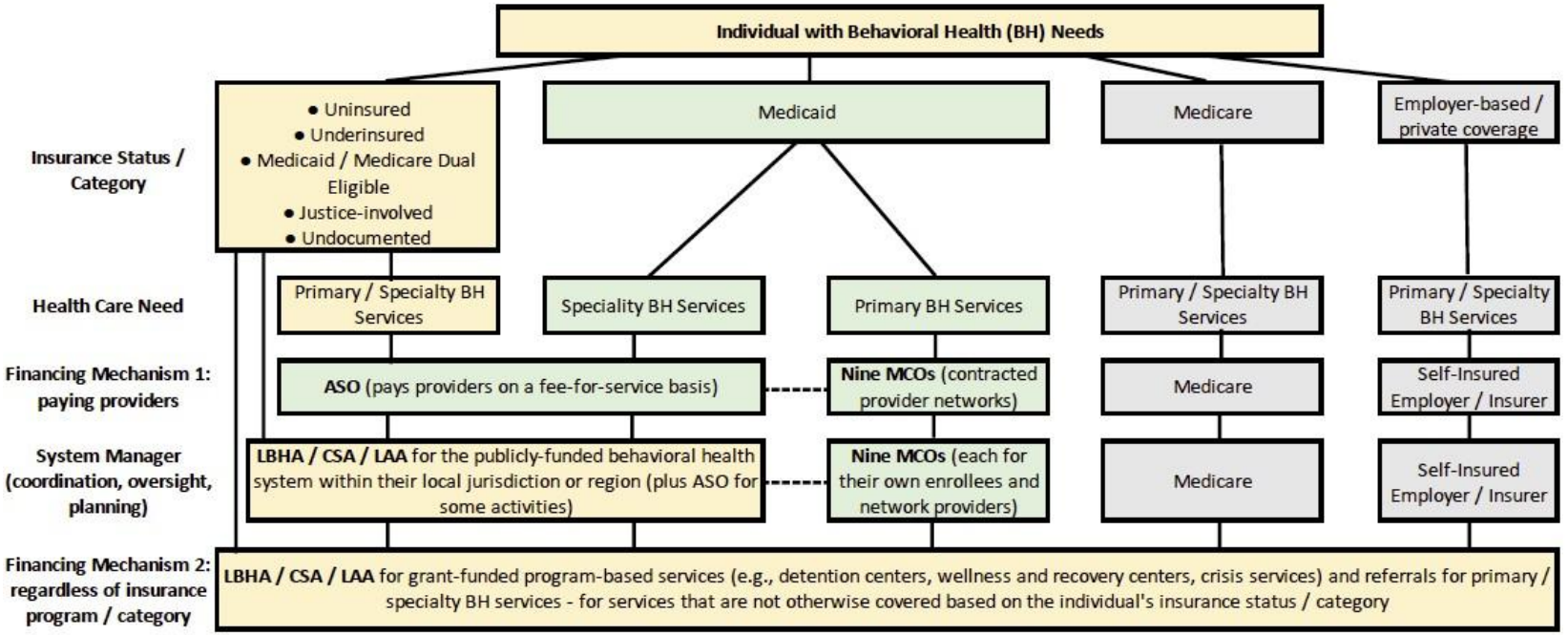
THIS *SYSTEM MANAGER MANUAL* IS INTENDED FOR USE BY LBHA AND BHA STAFF. Users with questions or suggested edits to improve or update this version of the Manual to improve clarity should contact BHA. This feedback about the Manual is important, especially if anything in this *System Manager Manual* may conflict with other directives or documents from BHA or MDH. Send any input about the Manual to PBHSystem.Manual@maryland.gov

Organizational Relationships in the Behavioral Health System of Care

The following page is a graphical representation of how the Local Behavioral Health Authorities (LBHAs), Core Service Agencies (CSAs) and Local Addictions Authorities (LAAs) fit into the larger behavioral health system of care in Maryland. It delineates organizational relationships and connections between LBHAs, CSAs, and LAAs with the Medicaid ASO (Administrative Services Organization) and with Medicaid Managed Care Organizations (MCOs) in Maryland, in addition to the important role of LBHAs, CSAs, and LAAs in ensuring that certain essential behavioral health services and supports are available to all people across Maryland, regardless of insurance coverage type or status.

In 2022, this chart was published on page 4 of the ASO Provider Manual that Optum distributes to all behavioral health providers that participate in Medicaid.

Organizational Relationships in the Maryland Behavioral Health System



NOTES:

*1. This flow-chart is **intentionally high level** to show core roles and relationships -- it does **not** reflect every possible detail and relationship.*

2. The Maryland behavioral health system sometimes pays for and/or manages services and treatment for Maryland residents who are receiving behavioral health care or treatment in other states.

3. System Manager functions also involve coordination with other safety net systems such as housing, hospital emergency departments, schools, jails, etc.

ACRONYMS AND BASIC DEFINITIONS:

ASO = Administrative Services Organization under contract with Medicaid to serve all of Maryland
BH = behavioral health
CSA = Core Service Agency (local authority for mental health, authorized by the Maryland Behavioral Health Administration))
LAA = Local Addictions Authority (local authority for substance use and addiction, authorized by the Maryland Behavioral Health Administration)
LBHA = Local Behavioral Health Authority (local authority for behavioral health [merged CSA & LAA], authorized by the Maryland Behavioral Health Administration)
MCO = Managed Care Organization under contract with Medicaid; four serve all of Maryland and five only serve specific local jurisdictions
Primary BH Services = BH services provided in a primary care setting
Specialty BH Services = BH services that are not provided in a primary care setting
Underinsured = Includes anyone whose insurance does not cover the specific BH services they need (e.g., Medicare, some employer-based / private coverage)

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Role 1: Leadership

In this role, the LBHA is to provide behavioral health leadership including collaboration to develop a comprehensive continuum of behavioral health services for the Public Behavioral Health System (PBHS) at the local level, engage with partners to promote and support behavioral health in the context of whole person health, and, where possible, develop innovative approaches that could be replicated in other jurisdictions.

POLICY: Local System Manager Roles and Responsibilities (REVISED)

Owner: BHA Deputy Secretary

Purpose: The purpose of this policy is to set forth the primary roles and responsibilities of LBHAs authorized by the Behavioral Health Administration (BHA) to manage the Public Behavioral Health System (PBHS) at the local level in one or more local jurisdictions.

Policy:

It is the policy of BHA to authorize and empower LBHAs to manage the Public Behavioral Health System (PBHS) at the local level in one or more local jurisdictions. When authorized by BHA as an LBHA, the local entity is to provide four primary roles for the PBHS at the local level:

1. **LEADERSHIP**. To provide behavioral health leadership including collaboration to develop a comprehensive continuum of behavioral health services for the PBHS at the local level, engage with public and private sector partners to promote and support behavioral health in the context of whole person health, and, where possible, develop innovative approaches that could be replicated in other jurisdictions.
2. **MANAGEMENT**. To assess, plan, design, and manage needed behavioral health programs and services for the PBHS at the local level, while supporting BHA to carry out statewide initiatives when needed.
3. **OVERSIGHT**. To promote quality within the local system of care and partner with regulating authorities in the PBHS, including the Medicaid Administrative Services Organization (ASO), to enable compliance with statewide standards at the local level.
4. **OPERATIONS**. To be good stewards of public funds by efficiently, equitably, and cost effectively managing operations and administrative functions of the local behavioral health authority.

Within these four roles, each LBHA also has specific responsibilities and functions which are set forth in the *Roles and Responsibilities Framework for Local Behavioral Health Authorities*, disseminated by BHA and updated as needed. The *Roles and Responsibilities Framework for Local Behavioral Health Authorities* also forms the basis for the *Manual for Managing the PBHS*. The LBHAs must comply with all relevant MDH and BHA policies and procedures.

In addition to clarity regarding current system management roles, responsibilities, and functions, BHA and the LBHAs are committed to developing better ways to expand and deliver needed behavioral health services and supports in Maryland. This often requires coordination and collaboration with the local health department and among other agency and community partners in the local jurisdiction, and with BHA, MDH, other state agencies. In some cases, a regional or statewide approach may be the most feasible way to meet PBHS needs or test new programs.

As evidenced by this Manual, all standard processes, requirements, expectations, and agreements between BHA and one or more LBHAs should be in writing. This includes guidance or direction from BHA to LBHAs about required or expected actions. Verbal agreements or direction are often remembered incorrectly or may be forgotten over time; therefore, if guidance or direction is provided verbally at first (i.e., in person, by phone, virtually), follow-up communication is required to reiterate the guidance or direction in writing to ensure clarity and accountability, and enable appropriate future action if needed. The written follow-up may be via email, memo, or other document that is shared between BHA and the affected LBHA(s).

Responsibilities:

BHA:

- Reviews qualifications of a local entity representing one or more local jurisdictions and determines whether to authorize that entity to operate as an LBHA for the PBHS
- Collaborates with authorized LBHAs to inform and update the Roles and Responsibilities Framework for Local Behavioral Health Authorities (see link below), as needed
- Provides written guidance and direction to LBHAs to ensure clarity and accountability, and enable appropriate future action, if needed

Local Behavioral Health Authority:

- Meets all BHA and MDH requirements to manage the PBHS at the local level

- Collaborates with BHA to inform and update the Framework, as needed, over time Accesses, reviews, understands, and complies with applicable federal regulations, Maryland statutes and regulations, Medicaid or MDH Departmental transmittals, guidelines, policies, procedures, protocols, orders, Administrative Services Organization (ASO) Provider Alerts, ASO Provider Manual instructions governing the delivery of behavioral health services to children, adults, and older adults, and the Medicaid program.
- Seeks written clarification from BHA and others, as needed, to ensure clarity and accountability and to enable appropriate action by the LBHA.

Resources:

Roles and Responsibilities Framework for Local Behavioral Health Authorities (originally disseminated by BHA in March 2021) – see next section

Statute that defines what BHA must do to set forth requirements for local authorities (LBHA, CSA, LAA): Maryland Health-Gen Code §10-1202

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

System Manager Roles and Responsibilities Framework (REVISED)

This *Roles and Responsibilities Framework*[1] sets forth the Maryland Department of Health (MDH) Behavioral Health Administration's (BHA) baseline expectations for Local Behavioral Health Authorities (LBHAs)[2], authorized and initiated by BHA[3]. LBHAs are a core component of Maryland's Public Behavioral Health System (PBHS), tasked with providing behavioral health expertise to and partnership with many stakeholders and multiple systems at the local level, to facilitate timely access to high quality behavioral health interventions, treatment, services and supports for Marylanders, taking a whole health approach to services that results better health and wellbeing for all individuals, families, and communities. Every LBHA has four essential roles:

ROLE #1: LEADERSHIP:

To provide behavioral health leadership including collaboration to develop a comprehensive continuum of behavioral health services for the PBHS at the local level, engage with public and private sector partners to promote and support whole person health, and, where possible, develop innovative approaches that could be replicated in other jurisdictions.

ROLE #2: MANAGEMENT:

To assess, plan, design, develop, and manage needed behavioral health programs and services for the PBHS at the local level, while supporting BHA to carry out statewide initiatives when needed.

ROLE #3: OVERSIGHT:

To promote quality within the local system of care and partner with regulating authorities in the PBHS, including the Medicaid Administrative Services Organization (ASO), to enable compliance with statewide standards at the local level.

ROLE #4: OPERATIONS:

To be good stewards of public funds by efficiently, equitably, and cost effectively managing operations and administrative functions of the LBHA.

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[1] This Framework reflects two years of discussion and input from BHA, local behavioral health authorities, MDH, and BHA's statewide Advisory Group for Behavioral Health Systems Management Integration.

[2] Because of varying degrees of integration at the local level, the use of the term Local Behavioral Health Authority in this document is inclusive of all of the following: Local Behavioral Health Authorities (LBHA) for behavioral health; Core Service Agencies (CSA) for mental health; and, Local Addictions Authorities (LAA) for substance use. If the CSA and LAA are separate in a local jurisdiction, the jurisdiction is responsible for filling the roles and responsibilities in this Framework through tightly coordinated activities. The LBHA structure is determined by the local jurisdiction and many LBHAs are part of the local health department.

[3] Maryland Code Health-General §10-1202(c) states that local behavioral health authorities "shall function under the Secretary's authority" and §10-1203 identifies BHA as the entity that "may initiate" LBHAs, CSAs, and LAAs.

This Framework is intended to clarify and create a shared understanding of roles and responsibilities of LBHAs. It is also used by BHA to inform content for the *System Manager Manual*.

While clarity of current roles and expectations is essential, BHA and LBHAs are committed to developing better ways to expand and deliver needed behavioral health services and supports in Maryland. This Framework is not intended to reinforce silos or constrict LBHAs to focus only on their own local jurisdiction, as LBHAs must coordinate and collaborate with BHA, MDH, and other state agencies, plus other local jurisdictions and local partners including the Local Health Department, to manage the PBHS as efficiently and effectively as possible. In some cases, a regional or statewide approach is the most feasible way to meet needs or test new programs.

ROLES AND RESPONSIBILITIES OF LOCAL BEHAVIORAL HEALTH AUTHORITIES[4]

ROLE	RESPONSIBILITIES	FUNCTIONS
#1: LEADERSHIP Provide behavioral health leadership in the context of whole person health, including collaboration to develop a comprehensive continuum of behavioral health services that intersects with physical conditions across the lifespan, for the Public Behavioral Health System (PBHS) at the local level.	Facilitate coordination and collaboration among stakeholders, including local health department and other public and private sector partners, to develop, enhance, and promote comprehensive, culturally competent, and accessible services for the PBHS at the local level, in ways that support whole person health and use limited public resources in the most effective and equitable way possible.	Collaborate with behavioral health stakeholders to develop, manage, expand, and enhance, and retain the local provider network to meet behavioral health needs of individuals and families in the context of whole person health.
		Engage community members, including the Advisory Council(s) for the local PBHS.
		Present local behavioral health issues to BHA and other stakeholders to raise awareness and advocate to address local PBHS needs, including securing additional resources as needed.
		Facilitate local linkages within and among system partners which must include the local health department, schools, hospitals, primary care, FQHCs, Departments of Aging and Social Services, courts, Local Management Boards, and the Medicaid ASO and Managed Care Organizations (MCOs). Additional linkages should be made with partners including but not limited to Local Educational Authorities (LEAs), local Areas Agencies on Aging (AAAs), Division of Rehabilitative Services (DORS), local Public Housing Authorities (PHAs), local Continuums of Care (CoC), and commercial insurers.
		Support BHA in facilitating intra-agency and interagency linkages at the state level, and assist BHA in carrying out statewide initiatives when needed.
		Develop local strategies to promote whole person health and improve integration of behavioral health and primary care in Pediatrics, Family and Internal Medicine, and with FQHCs, through screening, referral, and other relevant activities.
	Provide behavioral health (BH) expertise with key stakeholders in the local jurisdiction.	Represent BHA to key local public and private sector stakeholders, as the local extension of BHA.
		Promote local implementation of evidence-based and promising behavioral health practices as identified by the LBHA and/or BHA for local and statewide use.
		Educate the local public, service recipients, and their family members about behavioral health issues including prevention, intervention, treatment, recovery, and how to access behavioral health services (e.g., support BHA in providing a directory of statewide and local behavioral health resources).

[4] This includes: Local Behavioral Health Authorities (LBHA), Core Service Agencies (CSA), and Local Addictions Authorities (LAA). If the CSA and LAA are separate in a local jurisdiction, they are jointly responsible for filling the roles and responsibilities in this Framework through tightly coordinated activities.

ROLE	RESPONSIBILITIES	FUNCTIONS
#2: MANAGEMENT Assess, plan, design, develop, and manage needed behavioral health programs and services for the PBHS at the local level, and for multi-jurisdictional or statewide programs as appropriate.	Assess needs and gaps, and then plan for programs and services in the local PBHS.	Engage in regular and ongoing assessment of local behavioral health needs and collaborate with the local health department and other community partners and stakeholders to promote shared understanding of local behavioral health needs.
		Develop and implement a strategic plan for the local PBHS that meets State requirements, aligns with BHA's Statewide Behavioral Health Plan, and meets all parameters required by BHA.
		The local strategic plan must connect to broader planning done by the local health department (per ESF#8) to enable local PBHS emergency preparedness (All Hazards, Continuation of Operations Plan, and Crisis Communications).
	Design, develop, and manage behavioral health programs and services for the local PBHS.	Design, develop, and manage needed local behavioral health services, including local and federal grant-funded behavioral health services.
		Coordinate with local stakeholders to design approaches to prevent or mitigate the impact of behavioral health needs on the local community.
		Develop and manage the budget for PBHS program and service grants that have been awarded to the LBHA by BHA and other funding sources.
		Procure services and contract with behavioral health providers to implement local behavioral health programs and services.
		In partnership with BHA and the Medicaid ASO, recruit, oversee, and retain behavioral health providers for the local PBHS. This includes working with PBHS providers within the local jurisdiction to collaboratively plan, develop, and implement accessible and equitable behavioral health services.
	Coordinate care and support services for	Assist individuals and families who need help accessing specialty behavioral health services through the ASO or grant-funded programs, and coordinate support

	people who have behavioral health conditions, especially individuals with complex needs, as part of the local PBHS.	services such as housing and transportation as appropriate. This includes referrals for residential placement and coordination of care for pregnant women and women with children, and coordination of care for youth and families with complex needs, individuals leaving state hospitals, and individuals exiting correctional facilities.
		Assist the Medicaid ASO, per Medicaid, BHA, and ASO guidelines, by handling preauthorization for behavioral health care (including exceptions for uninsured people) as a needed step for ensuring that individuals receive specialty behavioral health services in the setting for which they meet medical necessity.
		If absolutely necessary to mitigate gaps in care, subcontract for or provide behavioral health care directly to individuals using an approach free from conflict of interest with oversight, funding decisions, and compliance responsibilities. If needed and as appropriate, also provide services such as transportation and housing.

ROLE	RESPONSIBILITIES	FUNCTIONS
#3: OVERSIGHT Oversee local PBHS implementation of behavioral health programs and services to enable compliance and improve quality.	Monitor, evaluate, and report on performance of programs in the local PBHS to enable compliance with local, state, and federal requirements.	Conduct performance audits of grant-funded and fee-for-service behavioral health providers, and support BHA performance audits of this LBHA operational management, such as helping to develop and monitor corrective action plans.
		Monitor, document, and engage in collaborative corrective actions for programs that address needs across the lifespan, for example Targeted Case Management.
		Monitor, document, and manage to promote compliance of local vendors who have entered into contracts with the LBHA
		Per BHA rules, investigate non-financial behavioral health grievances, complaints, and disputes, and assist BHA in resolving them.
		Per Medicaid ASO protocols, support ASO needs associated with financial issues that may be part of ASO audits.
	Oversee quality for programs and services in the local PBHS.	Assist BHA in assessing behavioral health care quality and service outcomes.
		Engage providers to assess and improve quality of care and services provided in the PBHS.

		Per Medicaid ASO protocols, handle behavioral health grievances and appeals regarding medical necessity and support ASO needs associated with quality-related issues that may be part of ASO audits.

ROLE	RESPONSIBILITIES	FUNCTIONS
#4: OPERATIONS Manage operations and administrative functions of the LBHA for the PBHS at the local level.	Manage the LBHA operational activities.	Develop and implement local written policies and procedures to enable the LBHA to operate in compliance with local, state, and federal requirements.
		Engage in administrative activities to address issues including but not limited to legal, procurement, and information technology.
	Manage the LBHA administrative budget.	Manage the LBHA administrative budget using approaches that avoid duplication of effort and make best use of limited public resources.
	Manage the LBHA human resources.	Engage in human resources activities including staff recruitment, retention, and professional development and training.

Role 2: Management

In this role, the LBHA is to assess, plan, design, develop, and manage needed behavioral health programs and services for the PBHS at the local level, while supporting BHA to carry out statewide initiatives when needed.

Planning

Owner: BHA Policy / Planning

Description: This procedure lists the process steps required of local behavioral health authorities (LBHA), in collaboration with the Behavioral Health Administration (BHA), to develop, submit, review, and approve three-year strategic plans and annual program plans, as required by Maryland Code Health-General §10-1203, and related planning documents.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

Planning Guidelines for LBHAs (produced annually by BHA)

Statewide MDH Behavioral Health Plan (https://bha.health.maryland.gov/Pages/Behavioral-Health-Plans.aspx)

Budget Forms for #432 (non-profit) and #4542 (health department)

Contact for BHA Planning Division: bha.planning@maryland.gov

Step-By-Step Procedure:

1. Behavioral health planning is a cyclical process that involves several partners, including MDH, BHA, LBHAs, the State Behavioral Health Advisory Council, local behavioral health advisory councils, and other stakeholders. For LBHAs and BHA, there are four key documents essential to the behavioral health planning process, which will be developed according to the steps and timing outlined in this procedure:

    a. The Maryland Behavioral Health Strategic Plan to set forth statewide goals, objectives and strategies or actions, developed by BHA every three years

b. The Local Behavioral Health Strategic Plan to set forth local or regional goals, objectives and strategies or actions, developed by each LBHA every three years, with brief annual updates if needed

c. The annual Program Plan, per Maryland Code Health-General §10-1203, to report the status of local program implementation and any updates needed in the strategic plan developed by the LBHA

d. The annual budget for the upcoming year, developed by the LBHA each year that is based on the Conditions of Award (COA) and Statement of Work (SOW) created in collaboration with BHA

2. The basic annual schedule of when LBHAs must submit to BHA each essential document is outlined in the chart below, with more specifics described in the steps in this procedure.

LBHAs: DUE DATES FOR LOCAL PLANNING DOCUMENTS				
***DURING* FISCAL YEAR**	**3-Year Strategic Plan**	**Annual Budget**	**COA & SOW**	**Annual Program Plan**
FY2023	Draft FY24 due January 15; Final FY24 due in March	Draft FY24 due January 15; Final FY24 due in March	Final FY24 done in January	Final FY23 due in June
FY2024	--	Draft FY25 due January 15; Final FY25 due in March	Final FY25 done in January	Final FY24 due in June
FY2025	--	Draft FY26 due January 15; Final FY26 due in March	Final FY26 done in January	Final FY25 due in June
FY2026	Draft FY27 due January 15; Final FY27 due in March	Draft FY27 due January 15; Final FY27 due in March	Final FY27 done in January	Final FY26 due in June
FY2027	--	Draft FY28 due January 15; Final FY28 due in March	Final FY28 done in January	Final FY27 due in June
FY2028	--	Draft FY29 due January 15; Final FY29 due in March	Final FY29 done in January	Final FY28 due in June
FY2029	Draft FY30 due January 15; Final FY30 due in March	Draft FY30 due January 15; Final FY30 due in March	Final FY30 done in January	Final FY29 due in June
FY2030	--	Draft FY31 due January 15; Final FY31 due in March	Final FY31 done in January	Final FY30 due in June
FY2031	--	Draft FY32 due January 15; Final FY32 due in March	Final FY32 done in January	Final FY31 due in June
FY2032	Draft FY33 due January 15; Final FY33 due in March	Draft FY33 due January 15; Final FY33 due in March	Final FY33 done in January	Final FY32 due in June
FY2033	--	Draft FY34 due January 15; Final FY34 due in March	Final FY34 done in January	Final FY33 due in June
FY2034	--	Draft FY35 due January 15; Final FY35 due in March	Final FY35 done in January	Final FY34 due in June
FY2035	Draft FY36 due January 15; Final FY36 due in March	Draft FY36 due January 15; Final FY36 due in March	Final FY36 done in January	Final FY35 due in June

3. Per Maryland Code Health-General §10-1203, BHA shall annually review each LBHA's *Program Plan*.

    a. BHA may approve the LBHA's annual *Program Plan* if BHA finds that the *Program Plan*:

        i. Will assure the continuing provision of appropriate services in the local jurisdiction(s) served by the LBHA; and,

        ii. Meets all requirements set forth in this procedure and relevant aspects of the LBHA's Conditions of Award.

    b. If BHA determines an LBHA's annual *Program Plan* is insufficient, BHA shall notify the LBHA in writing and offer guidance for the LBHA to address the identified deficiencies then resubmit its annual *Program Plan* for BHA review and approval.

4. The planning process will follow an established schedule (set forth starting on the next page) to the degree possible, recognizing that some dates are inflexible as they are determined by the Maryland Department of Health (MDH) and the Maryland Department of Budget and Management (DBM). When any date must be moved due to changes in circumstances or requirements from external entities, BHA shall notify all LBHAs in writing as soon as possible and include the new date that a given document is due or will be distributed.

MONTH BY MONTH SCHEDULE OF PLANNING ACTIVITIES

July: (beginning of new fiscal year)

- **LBHAs** and **BHA** implement strategic plan and financial plan developed during prior fiscal year
- **BHA** begins process to determine funding needs for the upcoming fiscal year starting next July

August:

- **BHA** receives from MDH / DBM the budget targets for the next fiscal year
- **BHA** drafts Over the Target Allocation requests for funding to be submitted within the budget package for MDH
- **BHA** drafts or updates local Financial Guidelines for next fiscal year

September:

- **BHA** submits to MDH the budget package request for next fiscal year

October:

- **BHA** issues to LBHAs the Planning Guidelines, including data, program and financial guidelines (*see chart above for years that these guidelines will include the three-year strategic plan*)
- **MDH** submits to DBM the approved BHA budget request for the next fiscal year

November

- **LBHAs** work on their local planning documents, per the BHA Planning Guidelines, by drawing down county-specific data from the Medicaid ASO and other data resources for behavioral health indicators
- **BHA** sends to LBHAs tentative Allocation Letters and begins working on the Strategic Data Initiative (SDI) process
- **BHA** and **LBHAs** begin to work together on the Conditions of Award (COA) and Statements of Work (SOW)

December:

- **LBHAs** complete their local planning process
- **BHA** distributes for input the draft schedule for BHA review of local planning documents
- **BHA** distributes to LBHAs the final schedule for BHA review of draft local planning documents
- **LBHA** submit to BHA any Over the Target Allocation Request by December 15th
- **DBM** completes final review of BHA budget request for next fiscal year

January:

- **LBHAs** and **BHA** work together and complete the Conditions of Award (COA) and Statements of Work (SOW) for each LBHA
- **LBHAs** submit to BHA their draft local three-year Strategic Plan and local financial plan by January 15th (*see chart above for years that the three-year strategic plan is required*)
- **BHA** sends to LBHAs the Allocation Change memos

February:

- **BHA** meets with each **LBHA** to review their draft local planning documents

March:

- **BHA** meets with each **LBHA** to review their draft local planning documents
- **BHA** holds regional stakeholder meetings about the State Strategic Plan and all **LBHAs** participate in the regional meeting that includes their local jurisdiction(s)
- **BHA** analyzes input from regional meetings and drafts the three-year State Strategic Plan
- **BHA** submits to MDH (SDI panel and MDH Office of Contract Management and Procurement / OCMP) any MOU requests for budgets for non-profit LBHAs (Form #432)
- **LBHAs** submit to BHA their final three-year Strategic Plan that will begin on July 1st
- **LBHAs** submit to BHA their final local financial plan

April:

- **BHA** holds regional stakeholder meetings about the State Strategic Plan and all **LBHAs** participate in the regional meeting that includes their local jurisdiction(s)
- **BHA** analyzes input from regional meetings and drafts State Strategic Plan
- **MDH** (SDI panel, OCMP) reviews MOU package budget from non-profit LBHAs (Form #432)

May:

- **LBHAs** finalize their three-year Strategic Plan and prepare to be ready to implement it starting July 1st
- **LBHAs** write Annual Report summarizing progress for current fiscal year
- **BHA** submits draft State Strategic Plan for public comment
- **BHA** receives from MDH the approved appropriation for BHA for the upcoming fiscal year
- **BHA** submits to MDH for approval the Health Department budgets (Form #4542)
- **BHA** secures signatures from MDH and non-profit LBHAs for MOU package budgets (Form #432)

June:

- **LBHAs** submit to BHA the annual report summarizing progress for current fiscal year
- **BHA** completes State Strategic Plan that will begin on July 1st
- **BHA** sends Award Letters and final approved budget packages to LBHAs in local health departments
- **BHA** sends to non-profit LBHAs the fully executed MOU packages with budgets (Form #432)

July: (beginning of new fiscal year)

- **LBHAs** begin or continue implementing their three-year Strategic Plan
- **BHA** begins or continues implementing the three-year State Strategic Plan
- **BHA** Award Letters and final approved budget documents go into effect for current fiscal year

5. BHA shall provide all LBHAs with annual Planning Guidelines that are as succinct and clear as possible, describing what must be done to plan for the upcoming fiscal year, including:

    a. **Directions** to inform the local process for developing the required planning documents, with helpful templates and checklists, consistent formats for file names for uniformity, and inclusion of the name and number of any grants referenced, while keeping in mind that flexibility allows LBHAs to maximize value from existing materials that have already been produced in collaboration with local stakeholders during health assessment and strategic planning activities;

    b. **Requirements**, such as alignment with State behavioral health goals and objectives, that must be met to secure BHA approval of the LBHA annual planning documents; and,

    c. **Information** about relevant statewide efforts (with citations and a list of hyperlinks to resource documents where possible) to facilitate intra-agency and interagency linkages at State and local levels per Maryland Code Health-General §10-1203(c)(4), to help align LBHA planning documents with State behavioral health priorities, and to avoid duplication of LBHA research efforts to identify expectations from other State agencies and councils. This may include:

        i. Information from other state agencies and councils such as: Public Health Services (e.g., for local public health department and Local Health Improvement Coalitions); Medicaid Administration (e.g., for Administrative Services Organization / ASO expectations); Maryland Behavioral Health Advisory Council (e.g., for advice to improve the public behavioral health system); Governor's Opioid Operational Command Center (e.g., for local Opioid Intervention Teams); and, Governor's Office (e.g., for Local Management Boards).

More Information:

Maryland Code Health-General §10-1203

Maryland Code Health-General §10-1203(c)(4) (BHA to facilitate intra-agency and interagency linkages at State and local levels)

Grants Management (REVISED)

Owner: BHA Finance / Fiscal Management

Description: This procedure lists the process steps required of local authorities authorized by the Behavioral Health Administration (BHA) to provide financial assistance, such as grant funds, to a recipient to undertake activities to help achieve a policy outcome or assessed system need. Grant management for new funding sources typically involves the use of a Notice of Funding Availability (NOFA), which results in a sub-grant, contract, or sub-contract entered into in accordance with Maryland State, MDH and BHA Procurement Procedure requirements. Recipients of the grant funds must provide and follow a budget that supports the identified performance measures intended to achieve specific outcomes. Reporting requirements for grant-funded programs are more extensive than for competitive procurements.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

Maryland Department of Health Human Services Agreements Manual

Local Health Department Funding System Manual

Maryland State's Online Procurement System: eMaryland Marketplace Advantage (eMMA) (https://procurement.maryland.gov/)

440 Form

BHA Framework for Managing Behavioral Health Funding Opportunities (*in this Manual*)

BHA Planning Procedure *(in this Manual)*

BHA Procurement Procedure *(in this Manual)*

Step-By-Step Procedure:

1. When new grant funding is available to BHA for distribution for LBHAs, the following steps will apply:

a. BHA will establish the Conditions of Award (COA) for the grant funding, after gathering input from stakeholders, which may include select LBHAs. When possible, BHA will follow the recommended steps in the *Framework for Managing Behavioral Health Funding Opportunities* (in this Manual) including seeking input from a diverse set of stakeholders.

b. If the grant parameters and the established COAs allow for any LBHA to potentially receive the new grant funding, BHA will issue a Notice of Funding Availability (NOFA) to LBHAs and/or health officers (with a copy to all LBHA directors). When possible, the NOFA email shall be sent on the same day to all recipients and posted on the BHA website.

    i. Each NOFA shall explain the purpose of the grant funding, the criteria that BHA will use to select grant funding recipients, the deadline for applicants to submit required materials to apply for the funding, and the name and contact information for the BHA Program Manager who can answer questions or provide more information about the specific grant opportunity.

    ii. BHA will allow at least three weeks (15 business days) for applicants to respond to the NOFA unless circumstances beyond the control of BHA require a shorter timeframe.

c. If the grant parameters and the established COA are appropriate for or applicable to a subset of local jurisdictions, BHA shall engage in targeted written communications with specific LBHAs about the grant funding opportunity. Written information from BHA about the grant opportunity will explain the rationale for the selective approach, per the recommended steps in the *Framework for Managing Behavioral Health Funding Opportunities*. When possible, BHA will send by email this selective notice of the new grant funding opportunity to both the LBHA and the health officer on the same day.

    i. BHA's emailed notice of the new grant funding opportunity shall describe the purpose of the grant funding, the criteria that BHA has or will use to select the grant funding recipients, the deadline to submit required materials to qualify for the funding, and the name and contact information for the BHA staff person who can answer questions or provide more information about the specific grant opportunity.

    ii. BHA will allow at least 30 business days for the LBHA to respond to the notice of the new grant funding opportunity unless circumstances beyond the control of BHA require a shorter timeframe.

d. Based on the applicants' responses to the NOFA or the targeted notice of grant funding, BHA shall determine which entities are approved to receive the new grant funding.

    i. Within 60 days of the application deadline, BHA will notify each applicant in writing as to whether they have been approved to receive the new grant funding. If more time is

required, BHA will contact each applicant to identify the deadline by which notifications will be sent.

ii. If BHA approves an LBHA to receive the new grant funding, the notification will be an letter in the Award package that lists each next step and an associated deadline, such as: BHA and the LBHA finalizing the budget and scope of work, BHA issuing the funds, and LBHA proceeding with the grant-funded activities.

iii. If BHA denies an LBHA's application for the new grant funding, the written notification in the Award package will explain the reasons for the denial and/or how the application must be revised before funding can be approved.

e. Consistent with the timeframes set forth in the Award package, BHA and the LBHA will finalize the new grant-funded budget, scope of work, and grant agreement. Unless otherwise required by the federal agency or source of the grant funding, all grant agreements shall be in writing and signed by BHA, the LBHA, and the local health officer.

f. Each BHA Program Manager is responsible for issuing written grant program reporting schedules included in the Award package sent from BHA to the LBHAs, plus monitoring the Grant Agreement over time.

i. LBHAs shall submit the completed 440 forms and other grant program reporting to BHA per the grant program reporting schedules.

2. The following steps apply to <u>established</u> grants that are continuing:

a. *Per the process and timeframes in the Planning Procedure*, each year BHA will send a letter in an Allocation package to each LBHA and health officer, to be mailed and/or emailed on the same day.

i. BHA will include in the Allocation package a description of each grant-funded program that will continue, the purpose and any changes in the requirements for each existing grant funded program, and the allocation amount for each grant-funded program for the upcoming fiscal year, and the name and contact information of the BHA Program Manager for each grant-funded program.

ii. Based on the Allocation package, LBHAs shall develop and submit their local plan, or plan update, to the BHA Planning Team and include the budget and scope of activities associated with the existing grant-funded programs.

iii. The BHA Planning Team, in collaboration with the BHA Finance, Program and Evaluation staff, shall review each LBHA local plan or plan update and provide written feedback to the LBHA.

iv. BHA and each LBHA will finalize the budget, scope of work, and Conditions of Award for the established grant-funded programs.

v. BHA shall send an Award package to the LBHA and health officer, to be mailed and/or emailed on the same day, that includes the date by which BHA will issue the funds so that the LBHA may seamlessly continue the grant-funded activities. Unless otherwise required by the federal agency or source of the grant funding, all grant agreements shall be signed by BHA, the LBHA, and the local health officer.

b. Each BHA Program Manager is responsible for issuing written grant program reporting schedules included in the Allocation package sent from BHA to the LBHAs, plus monitoring the Grant Agreement over time.

i. LBHAs shall submit the completed 440 forms and other grant program reporting to BHA per the grant program reporting schedules.

More Information:

Procurement (REVISED)

Owner: BHA Contracts / Procurement

Description: This procedure lists the process steps that are required of local authorities authorized by the Behavioral Health Administration (BHA) to contract with one or more entities for high value materials, equipment, supplies, and services. This is typically done using a Request for Proposal (RFP) in compliance with COMAR Title 21 for competitive bids that result in contracting with one or more entities to provide the materials, equipment, supplies, or services at the best possible value (quality and cost).

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

Annotated Code of Maryland State, Finance and Procurement Article, Division II

COMAR, Title 21. State Procurement Regulations

Maryland Department of Health Procurement Policy #02.03.01

Maryland State's Online Procurement System: eMaryland Marketplace Advantage (eMMA) (https://procurement.maryland.gov/)

BHA Grants Management Procedure *(in this System Manager Manual)*

Step-By-Step Procedure:

1. LBHAs shall follow procurement policies acceptable to BHA, based on the LBHA's organizational structure. Procurement policies acceptable to BHA are:
    a. Maryland State procurement policy and Maryland Department of Health Procurement Policy #02.03.01 and/or the procurement policy of the local health department or relevant local government agency, if the local authority operates as part of a Home Rule local government agency; or
    b. A procurement policy approved by the LBHA's Board of Directors if the LBHA is a non-profit 501(c)(3) entity.

2. At a minimum, the procurement policy followed by each LBHA shall:
    a. Assure that there is no conflict of interest in all LBHA contracts with any entity, including the hiring of staff or consultants for the vendor, and the selection of providers of community behavioral health services for the local Public Behavioral Health System (PBHS);
    b. Foster competition and promote minority business enterprise;
    c. Provide for conflict resolution;
    d. Commitment to follow any additional procurement requirements set forth by the funding source, such as the federal government; and,
    e. Provide a debriefing protocol in the event that a contract award is contested.
    f. Establish protocols for emergency or expedited procurement in accordance with all applicable state and local laws and regulations to allow for the purchase of behavioral health services under extenuating circumstances wherein disruption in the continuity of services arising from conformance to the standard procurement policy would create an undue risk of harm to the health, safety, or welfare of the service recipients.
    g. Provide accurate records of the procurement process that are in alignment with MDH protocols and record keeping requirements.

3. Each LBHA shall submit its Procurement Policy, as part of its Annual Plan or Plan Update, to the BHA program manager for review and input.
    a. If no modification has been made to the LBHA's Procurement Policy from the previously submitted policy, the LBHA may instead submit an attestation that describes the type of procurement policy being followed.

4. Each LBHA shall submit any revision or modification to its Procurement Policy to the BHA Finance Team within 30 days of being aware that the local procurement policy has changed.
    a. The LBHA may submit its Procurement Policy in electronic format to BHA. The submission must include:
        i. The website address where the Procurement Policy can be found; and,
        ii. Documentation that the Procurement Policy has been adopted by the LBHA's governing authority.

b. The BHA Finance Team shall acknowledge receipt of the LBHA submission within five (5) business days and notify the LBHA request within 25 days after acknowledging receipt of the submission regarding any questions or concerns about the LBHA's revised or modified Procurement Policy.

5. Before subcontracting or assigning any portion of core administrative functions of managing or overseeing the PBHS at the local level, the LBHA must obtain express written permission from BHA.
   a. To request permission from BHA, the LBHA shall submit a written request to the BHA Finance team and BHA program manager with an explanation of the need for such subcontract or assignment and how this approach will improve the management or oversight of the PBHS at the local level.
   b. Within five (5) business days, BHA shall acknowledge receipt of the LBHA request.
   c. Within two weeks (10 business days) after acknowledging receipt of the request, BHA shall notify the LBHA of BHA approval or denial of the LBHA request. If the request is denied, BHA shall include reasons for the decision and how the request could be modified to secure BHA approval.

More Information:

Role 3: Oversight

In this role, the LBHA is to promote quality within the local system of care and partner with regulating authorities in the PBHS, including the Medicaid Administrative Services Organization (ASO), to enable compliance with statewide standards at the local level.

Critical Incidents and Complaints Management (REVISED)

Owner: BHA Managed Care / Quality Improvement / Incident Management

Description: This procedure lists the process steps required of local behavioral health authorities (LBHA) authorized by the Behavioral Health Administration (BHA) to manage critical incidents and complaints for the purpose of improving the quality of health care provided by the Public Behavioral Health System and, if appropriate, making recommendations regarding actions that should be required from providers who are part of the local Public Behavioral Health System. All materials received and reviewed, written findings, and recommendations made pursuant to this procedure are confidential.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

COMAR 10.63: Chapter 1, 2, 3 (4 for residential programs only), 5 (for programs not needing accreditation) and 6 for processes of licensing and site transfer, closure, etc.

Accreditation Organization Standards:

Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Manual (for a copy, contact bha.licensing@maryland.gov)

Council on Accreditation (COA) Standards (https://coanet.org/standards/)

NOTE: BHA Office of License Compliance is working on securing LBHA access to standards from the Joint Commission and from the Accreditation Commission for Health Care (HCHC)

Medicaid ASO website: https://maryland.optum.com

MDH Office of the Inspector General email: DOH.OIG@maryland.gov

MDH Office of the Inspector General Fraud Hotline: 866-770-7175

Behavioral Health Services Guidelines for Critical Incidents and Complaints Management

BHA Critical Incident Form (for a copy, contact bha.licensing@maryland.gov*)*

BHA Complaint Form

ASO Provider Manual and related forms

Maryland Department of Health Office of the Inspector General:
http://health.maryland.gov/oig/Pages/Report_Fraud.aspx

Maryland Department of Health Office of Health Care Quality:
https://health.maryland.gov/ohcq/Pages/Complaints.aspx

Maryland Public Information Act:
https://www.marylandattorneygeneral.gov/pages/opengov/pia.aspx

Step-By-Step Procedure:

A. GENERAL

1. The LBHA shall have a written protocol in place to allow complaints to be filed by a service recipient or licensed provider that renders programs services in their jurisdiction. This will include contact information posted on the LBHA website and will eventually include a link to the BHA standard complaint form.
    a. The LBHA shall work with each Outpatient Treatment Program (OTP) within the LBHA's local jurisdiction to put a formal process in place for addressing community and/or program complaints, described in writing, and require the OTP to document any meetings held to resolve complaints.
    b. If the LBHA's complaint resolution processes are insufficient to resolve community complaints or concerns from the community regarding any PBHS program or service, the LBHA should consider using a mediator to assist in resolution of complaints or issues of disagreement. This may include providing peer assistance to recommend solutions for programs experiencing complaints related to large volume of patients waiting for treatment or "loitering" after their treatment.
2. The LBHA must work with every licensed provider that renders program services in their jurisdiction so that they are prepared for the complaint and critical incident management, reporting and investigation process.

a. Every licensed provider that provides program services in their jurisdiction must have an active *Agreement to Cooperate* with the LBHA in every local jurisdiction in which that licensed provider renders program services. The *Agreement to Cooperate* between the LBHA and the provider shall require the provider to: have a written protocol in place to allow complaints to be filed by a service recipient; report complaints and critical incidents to the LBHA in accordance with this procedure; and, allow the LBHA to investigate complaints and critical incidents. This may not apply to solo and group practices.

b. The LBHA must inform every licensed provider that provides program services in their jurisdiction about the need to use the *BHA Critical Incident Form* or *BHA Complaint Form* to submit a complaint or to notify BHA when a critical incident occurs and has information about where to find the *BHA Critical Incident Form* and the *BHA Complaint Form* online.

3. The LBHA has the primary responsibility to investigate critical incidents and complaints, regardless of the method or format in which incidents and complaints are communicated.

   a. LBHA staff shall recuse themselves from critical incident or complaint investigations that present a conflict of interest that could impact, or be perceived as impacting, the LBHA staff member's ability to be objective and impartial during any part of the investigation process. In such instances, the LBHA shall follow the structure approved by BHA for the LBHA's Conflict of Interest plan. If there is disagreement about this, the LBHA shall confer with the BHA Licensing Compliance Office to decide whether a conflict of interest exists regarding the specific instance.

4. The LBHA shall refer the incident or complaint to another specific agency in the following instances:

   a. **Denial of authorization by the ASO**: The LBHA should direct a program participant or provider to contact the Administrative Services Organization (ASO) directly regarding their disagreement with the denial of authorization for a requested service. Clinical denials of service must be appealed through the ASO, in accordance with the grievance policy and procedures detailed in the ASO Provider Manual.

   b. **Allegation of suspected abuse or neglect**: The LBHA shall refer such allegations to the Local Department of Social Service (LDSS) OR local law enforcement entity for investigation.

      i. The LBHA must inform relevant parties of the LBHA's obligation to report directly.

      ii. The LBHA shall cooperate with the LDSS or law enforcement regarding the investigation.

iii. The LBHA or the provider must also complete a Critical Incident report.

c. **Complaints of professional misconduct by a licensed or certified clinician**: The LBHA should consult with the BHA Licensing Compliance Office to decide how to proceed, including whether to refer the complaint to the appropriate Healthcare Professional Licensing Board. Depending on the nature of the incident or complaint, the LBHA may be required to complete a Critical Incident report.

d. **Complaints or concerns regarding suspected Medicaid fraud**: The LBHA must refer these to the BHA Licensing Compliance Office who will consult with the MDH Office of the Inspector General regarding the need for additional investigation or the Office of the Attorney General, Medicaid Fraud Control Unit.

i. BHA and the LBHA shall communicate with each other regarding the situation to resolve any differences regarding the determination of whether fraud may be occurring.

ii. The LBHA may also report the complaint or concern directly to the Maryland Department of Health, Office of the Inspector General, via email (DOH.OIG@maryland.gov) or phone using the OIG Fraud Hotline (866-770-7175).

e. **Billing questions that are not related to fraud**: The LBHA should refer these to the ASO.

f. **Incidents or complaints concerning hospitals, assisted living facilities, DDA facilities, or Residential Treatment Centers for Children and Adolescents**: The LBHA should report these directly to the MDH Office of Health Care Quality and inform the BHA Licensing Compliance Office.

5. When an incident or complaint is communicated directly to the LBHA in any manner, the LBHA shall enter that information into the relevant form: *BHA Critical Incident Form* or *BHA Complaint Form.*

6. When the BHA Licensing Compliance Office receives a completed form, they will route it to the appropriate LBHA(s), within the timeframe specified in Section B (Critical Incidents) or Section C (Complaints) below, based on the type and location of the provider involved in the incident or complaint.

7. The LBHA will investigate the incident or complaint according to the steps outlined in Section B or C below, then forward to the BHA Licensing Compliance Office and any relevant BHA program staff the following: the LBHA's findings, conclusion, and any recommended further action to be taken by BHA.

a. If the allegation of incident or complaint meets one of the exceptions listed in Section A2(a) through A2(f) above, the LBHA shall advise BHA in writing of the incident or complaint and the action taken by the LBHA.

8. BHA will review the findings and determine if additional action is required, such as action on a provider's license or recoupment of funds.

B. CRITICAL INCIDENTS

1. If an LBHA or provider has doubt as to whether an incident should be reported as a "critical" incident, it should be reported. All such reports shall be made using the online *BHA Critical Incident Form*.

   a. Upon discovery of an incident where there is danger to participants or staff, providers or licensed programs shall immediately report the incident to BHA using the *BHA Critical Incident Form*.

   b. Per COMAR 10.63.01.05(G), licensed programs shall report all critical incidents to MDH BHA (represented by the BHA Licensing Compliance Office), or the LBHA, within five (5) calendar days following the program's receipt of knowledge of the incident. The report shall be made by the provider using the online *BHA Critical Incident Form.*

2. The BHA Licensing Compliance Office will receive and review all incidents filed using the online *BHA Critical Incident Form* and will forward all critical incident reports to the relevant LBHA(s) within 24 hours of receipt.

3. Upon receipt of the critical incident report, the LBHA in the jurisdiction where the provider renders the service should determine whether it warrants immediate action to remediate a risk situation. If the LBHA determines that there is no further immediate risk, the LBHA shall investigate the incident within two (2) business days, and, if necessary, issue a Notice of Deficiencies and request a Plan of Correction.

4. If the LBHA is unable to resolve a critical incident, the LBHA must notify the BHA Licensing Compliance Office for further collaboration and consultation.

5. Incidents involving Opioid Treatment Programs (OTP) or Opioid Treatment Services (OTS) shall remain the primary responsibility of the LBHA for follow up, but the LBHA must coordinate with the BHA Opioid Treatment Authority unit.

6. Incidents listed above in the General Section 4(a) through 4(f) will remain the primary responsibility of the other party once reported to them; however, the LBHA and BHA will cooperate with any related follow-up and system improvement efforts.

7. All unexpected deaths of individuals in a program require a site visit, including a full review and copying of the patient's chart or file and review of the provider's internal incident log. If the program is found to be in violation of any regulations, a Notice of Deficiencies and request for Plan of Correction should be issued.

C. COMPLAINTS

1. The LBHA shall inform licensed providers who render program services of the requirement to forward all complaints to the LBHA within one working day of receipt.
2. The LBHA shall ensure that all complaints received are entered into the online *BHA Complaint Form*. Complaints not entered in the online form by a provider, or by BHA, shall be entered by the LBHA itself. The only exceptions to this requirement are listed in A2(a) through A2(f) above.
3. The BHA Licensing Compliance Office will receive and review all complaints filed using the online *BHA Complaint Form* and will forward all complaints to the relevant LBHA(s) within one business day of receipt.
4. The LBHA shall take the following action when a complaint has been received:
    a. For any complaint that potentially involves imminent safety issues, the LBHA shall investigate the complaint in forty-eight (48) hours of notification by the person filing the complaint or the LBHA receiving the complaint from the BHA Licensing Compliance Office.
    b. Complaints or concerns that come directly from the MDH Secretary's Office, or from the Governor's Office, are time-sensitive and must be addressed using the process and timeframe specified by BHA at the time.
    c. For all other complaints, the LBHA shall respond within five (5) business days, at minimum acknowledging receipt of the complaint to the person who filed or sent the complaint to the LBHA.
        i. If the LBHA determines the provider has violated any of the regulations listed in 10.63, the LBHA should issue a Notice of Deficiencies to the provider and request a Plan of Correction. *See page 57 of this Manual for a description of the Notice of Deficiency and Plan of Correction requirements plus BHA guidance.*
        ii. If the Plan of Correction is not acceptable to the LBHA, they must notify the provider to revise and re-submit a Plan of Correction.

iii. If the Plan of Correction continues to not be acceptable, the LBHA may issue a Directed Plan of Correction as outlined in 10.63.06.15.

d. Within thirty (30) calendar days, the LBHA shall complete its review and investigation, and write a report. If a Plan of Correction has been approved by the LBHA, this should be included in the report.

e. If the LBHA recommends further follow-up action after the Plan of Correction has been approved and the provider has had an opportunity to correct any deficiencies, the report must include an outline of a suggested plan of action which may include the need for a more in-depth investigation or the imposition of intermediate sanctions or revocation of the provider's license. The LBHA should send the report to the BHA Licensing Compliance Office and keep a copy of the report and all documentation in their local files.

f. If the LBHA is unable to resolve a complaint, the LBHA must notify the BHA Licensing Compliance Office for further collaboration and consultation.

5. The LBHA must report complaints involving Opioid Treatment Programs (OTP) or Opioid Treatment Services (OTS) to the BHA State Opioid Treatment Authority unit within the timelines outlined above.

6. The ASO will forward any complaint reports it receives to the LBHA in the jurisdiction(s) in which the provider and participant reside. If the participant's and provider's jurisdictions are different, the ASO will copy the LBHA where the participant resides as a courtesy; however, responsibility for the investigation remains with the LBHA in the jurisdiction where the provider renders the service.

D. TRACKING INCIDENTS AND COMPLAINTS

1. The LBHA shall track critical incidents and complaints using the approved reporting forms developed in concert with BHA and report that information to the BHA Licensing Compliance Office each quarter.

2. LBHAs shall annually review the aggregate number of critical incidents and complaints that occurred in their jurisdiction to inform local planning and decision-making. The review should include the following:

   a. Number of critical incidents and the number of complaints

   b. Number of incidents addressed with provider within two days of receipt by the LBHA

   c. Number of incidents which were:

      i. Resolved without need for system changes

ii. Resolved with system improvements

iii. Closed without resolution

iv. Remain open

d. Number of complaints addressed with complainant within two days of receipt by the LBHA

e. Number of complaints which were:

i. Resolved to the satisfaction of the complainant

ii. Resolved to the satisfaction of the LBHA, but not the complainant

iii. Unresolved

f. List of system improvements that were made or are needed as a result of critical incident or complaint reports

3. BHA shall annually review the aggregate number of critical incidents and complaints that occurred across all local jurisdictions, including the items listed in step 2 above, to inform statewide planning and system change.

More Information:

MEDICAL REVIEW COMMITTEES FOR INCIDENTS AND COMPLAINTS

The BHA committees and meetings listed below are being reviewed by BHA with the goal of improving effectiveness of the compliance feedback loops between all LBHAs and BHA.

1. *Complaints Committee*: BHA intends to use a reconstituted Complaints Committee, to meet monthly, to review ASO and LBHA complaint investigations. This committee will include all LBHAs interested in participating.
2. *Incident Review Committee*: BHA will establish an Incident Review Committee to meet at least quarterly to review incidents in collaboration with LBHA compliance staff and develop system improvement recommendations.
3. *Medical Review and Compliance Committee*: BHA's Compliance Committee will meet every other month to review compliance concerns and plan future compliance audits. All LBHAs are invited to participate in these meetings.

- NOTE: All documents produced by or at the direction of the *Medical Review Committee* are covered under the Medical Review Committee Privilege (Health Occ. 1-401) and BHA must be consulted before any documents are released in response to a discovery or Maryland Public Information Act (PIA) request.

To provide ongoing learning and system improvement, LBHAs should nominate staff to participate in the committees listed above.

TRAINING

1. BHA offers periodic training to LBHAs on investigation of complaints, handling incident reports and reporting of incidents.
2. LBHAs are expected to provide Technical Assistance to providers in their jurisdiction regarding the reporting of incidents and complaints.

Provider and Program Oversight (REVISED)

Owner: BHA Policy / Planning

Description: This procedure lists the process steps required of local behavioral health authorities (LBHA) authorized by the Behavioral Health Administration (BHA) to manage provider and program oversight for the purpose of improving the quality of health care provided within the Public Behavioral Health System.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

BHA Reference Chart of Provider Oversight Activities for BHA Programs (BHA Program Oversight Reference Chart) – *For a copy of this chart, contact PBHSystem.Manual@maryland.gov*

BHA Procedure on Critical Incidents and Complaints *(in this System Manager Manual)*

BHA Procedure on Provider Oversight in Collaboration with the ASO *(in this System Manager Manual)*

Step-By-Step Procedure:

1. Local Authorities shall participate in BHA's evaluation of providers and programs for the Public Behavioral Health System (PBHS), in accordance with their signed *Conditions of Award* (COA) and annual *Statements of Work* (SOW). Program oversight activities generally include but are not limited to:
    a. Monitoring
    b. Reporting
    c. Conducting audits and site visits
    d. Drafting and sending a Notice of Deficiencies and request for Plan of Correction
    e. Approving and monitoring Plans of Correction: Corrective Action Plans, Performance Improvement Plans, and Program Improvement Plans
    f. Follow-up with providers or program sub-vendors to monitor compliance and promote improvement as appropriate

2. BHA staff have compiled information in a *BHA Reference Chart of Provider Oversight Activities for BHA Programs (BHA Program Oversight Reference Chart)* regarding each program that requires oversight by BHA and/or LBHAs, including:
   a. Name of the BHA unit or division that oversees the program, and two email addresses from the division or unit (leader and alternate);
   b. Specific source of authority for BHA and/or LBHAs to engage in oversight of the program;
   c. Brief notes about each aspect of the approach and timing of specific oversight activities; and,
   d. Whether standard forms, materials, templates, or other tools are used for any of the oversight activities and, if so, where or how LBHAs can access those items.
   e. To the extent possible, BHA staff shall store the standard materials or tools in an accessible online location and add hyperlinks to each standard item in the *BHA Program Oversight Reference Chart* for easy access by LBHAs and other BHA staff.
3. BHA program staff will make the *BHA Program Oversight Reference Chart* available to all LBHAs as a reference tool, ideally in an online location that is accessible to all LBHA leaders.
4. LBHAs shall refer to the *BHA Program Oversight Reference Chart* for information about the expectations and approach to oversight for each of the programs funded by or through BHA.
5. BHA will continue to expand, maintain, and periodically update the *BHA Program Oversight Reference Chart*, especially as BHA continues to revise and streamline the approach to program oversight of programs funded by or through BHA.

More Information:

Provider Oversight in Collaboration with the ASO

Owner: BHA Managed Care / Quality Improvement / Incident Management

Description: This procedure lists the process steps required of local behavioral health authorities (LBHA) authorized by the Behavioral Health Administration (BHA) to manage provider oversight in collaboration with the ASO to assess and improve the quality of health care provided within the Public Behavioral Health System (PBHS).

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

BHA Compliance and Licensing Office contact: bha.licensing@maryland.gov

Statutes that give LBHAs Provider Oversight Authority

- BHA Audit and Inspection Regulatory Authority for Licensed Community-Based Behavioral Health Programs: COMAR 10.63.01.05 (https://dsd.maryland.gov/regulations/Pages/10.63.01.05.aspx)
- BHA Audit and Inspection Regulatory Authority for Medicaid: COMAR 10.09.36.03 (https://dsd.maryland.gov/regulations/Pages/10.09.36.03.aspx)

ASO Provider Manual and related forms

ASO Audit or Program Quality Self-Assessment Tools

BHA Procedure on Critical Incidents and Complaints *(in this System Manager Manual)*

BHA Procedure on Provider and Program Oversight *(in this System Manager Manual)*

Step-By-Step Procedure:

1. Per COMAR 10.63.01.05, for Licensed Community-Based Behavioral Health Programs, the LBHA, CSA or LAA, as a designee of the Behavioral Health Administration (BHA), may make announced or unannounced visits to inspect a program to investigate a complaint. They may also inspect and copy records, including but not limited to: (a) Financial records; (b) Treatment records; and (c) Service records.

2. Per COMAR 10.09.36.03, providers of Medicaid services shall allow the LBHA, CSA or LAA, as an agent of BHA, to conduct unannounced on-site inspections of any and all provider locations. Providers shall also maintain adequate records for a minimum of 6 years and make them available, upon request, to BHA or the LBHA, CSA, or LAA as BHA designees.

3. The LBHA, CSA, or LAA, as the local agent and designee of BHA, shall collaborate with the ASO in the oversight of providers for services provided to Medicaid beneficiaries.

4. The ASO, through the *Maryland PBHS Provider Manual* and other means as appropriate, notifies each provider in the PBHS of expectations and processes.

    a. The *ASO Provider Manual* acknowledges that LBHAs are the local representatives of BHA within each local jurisdiction.

    b. The *ASO Provider Manual* describes many specific oversight activities that involve LBHAs, CSAs or LAAs, plus links to audit tools and other resources.

    c. All LBHAs, CSAs, and LAAs shall review and become familiar with the specific language and requirements in the *Maryland PBHS Provider Manual* to inform their local provider oversight, communication, and other support activities.

5. For ASO audits of providers or programs, the following steps shall be taken:

    a. An LBHA may contact BHA to request that the ASO audit a provider or program and BHA will forward that request to the ASO. The ASO works with BHA to determine when an audit will be done.

        i. Once the ASO decides to conduct an audit, the ASO confirms the audit with the provider or program via email and other means of communication as necessary.

        ii. The ASO will notify the LBHA by email of the date and time of the upcoming audit in their service area and invite the LBHA to participate in the audit.

    b. On the day of the audit, the ASO will hold an entrance conference and an exit conference with the provider or program and the LBHA. The LBHA may participate in the entrance and exit conferences, and may attend during the entire audit process and review the documents alongside the ASO auditor, regardless of whether the audit is conducted virtually or in person.

    c. Within 90 days after the audit is conducted, the ASO will send the following documents to the provider, BHA, and Medicaid: *Audit Results Letter, Provider Audit Report, Billing*

Discrepancy Log(s), and a *Program Improvement Plan (PIP) template*. The ASO will send to the LBHA the Audit Results Letter and the Provider Audit Report.

i. The *Provider Audit Report* will include the audit findings, billing retraction amounts, and best practice recommendations.

ii. For audit areas with less than 85 percent compliance rate, providers are required to complete a *Program Improvement Plan (PIP)* and submit it to the ASO.

d. Within 30 calendar days of the date on the *Audit Results Letter*, the provider or program shall send their completed PIP to the ASO.

i. The ASO auditor will review the completed PIP and provide feedback to the provider for revision. Once the PIP is approved by the ASO auditor, the ASO will forward the PIP to the LBHA for review.

ii. Within five (5) calendar days of receiving the PIP from the ASO, the LBHA will review and approve the PIP or provide feedback on the PIP to the ASO.

iii. The ASO will forward the approved PIP to Medicaid and BHA, thus concluding the process for the ASO auditor.

iv. The LBHA will monitor the provider or program to ensure that the PIP is followed.

e. Upon receipt of the *Audit Results Letter*, *Provider Audit Report*, and *Billing Discrepancy Log(s)*, BHA will review all ASO compliance audit findings and either:

i. Accept the ASO compliance audit findings and issue a *Letter of Determination* (LOD) to the provider, or

ii. Refer the findings to the MDH Office of the Inspector General (OIG) and Office of the Attorney General/Medicaid Fraud Control Unit, if potentially fraudulent or unethical behavior has been identified or reported.

6. Audits resulting in State disciplinary action or a *Program Improvement Plan* may require close monitoring by the ASO or the LBHA, CSA or LAA, and may be subject to additional audits.

a. BHA shall send the *Letter of Determination* (LOD) to the audited provider or program, via email and US Postal Service. BHA will send a copy of the LOD to Medicaid, ASO provider compliance and provider payment divisions, and LBHA in the jurisdiction where the provider or program operates.

i. The LOD will include the final retraction amount, repayment instructions, and information regarding the provider's appeal rights.

b. Within 30 days of the date on the LOD, a provider or program may file an appeal with the Maryland Office of Administrative Hearings.

    i. Providers or Programs shall have the opportunity to settle their appeal with BHA prior to an Administrative Hearing being conducted. If a settlement is reached and a settlement agreement is completed, the provider or program appeal will be withdrawn.

    ii. If a settlement cannot be reached, the provider or program appeal will move forward to the Administrative Hearing proceedings.

    iii. Providers or Programs (except individual providers) are required to have legal representative at the Administrative Hearing.

    iv. If a provider is non-responsive at any point in the audit or *Program Improvement Plan* (PIP) process, the LBHA shall notify BHA Compliance and Licensing office, which will then work with Medicaid to determine the cause of the non-response and develop a plan of action, up to and potentially including referral to the OIG for fraud investigation.

More Information:

Appeals

Owner: BHA Managed Care / Quality Improvement / Incident Management

Description: This procedure lists the process steps required of local behavioral health authorities (LBHA) authorized by the Behavioral Health Administration (BHA) to manage appeals regarding actions that affect the Public Behavioral Health System (PBHS).

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

BHA Office of Licensing Compliance: bha.licensing@maryland.gov

ASO Provider Manual and related forms

MDH Office of Administrative Hearings website and phone directory

Procedure on Critical Incidents and Complaints Management (*in this System Manager Manual*)

Step-By-Step Procedure:

1. For grievances filed by providers regarding a proposed action by the MDH Health Care Finance (Medicaid) Administrative Services Organization (ASO), the LBHA must comply with the appeals protocols as set forth in the *ASO's Provider Manual* for the PBHS.
2. For grievances filed by providers regarding a proposed PBHS action, both the LBHA and BHA must comply with the appeals protocols as identified in COMAR 10.09.80 and subsequently in COMAR 10.09.36.09.
3. The LBHA shall include a description of the appeals process in the *Agreement to Cooperate* entered into with every licensed provider who renders program services (see *Procedure on Critical Incidents and Complaints Management*). The description shall follow the steps identified in COMAR 10.09.80 and COMAR 10.09.36.09, including:
    a. Acknowledgement that a provider may file an appeal regarding a proposed PBHS action to: (a) Suspend the provider; (b) Withhold payment to the provider; (c) Remove the provider; or (d) Disqualify the provider from future participation in the PBHS.

b. Requirement that the provider must file the appeal in writing with the LBHA or BHA Office of Licensing Compliance within 30 days of the date of the notice of the proposed PBHS action.

c. Description of the reasonable accommodation offered by the LBHA and BHA for providers that cannot submit a written request because of a disability.

4. Upon receipt by the LBHA of an appeal request from a provider, the LBHA shall immediately forward the written appeal request to the BHA Office of Licensing Compliance and to the Maryland Department of Health (MDH) Office of Administrative Hearings. Or, upon receipt by BHA of an appeal request from a provider, the BHA Office of Licensing Compliance shall immediately forward the written appeal request to all LBHAs for jurisdictions in which the provider practices, and to the MDH Office of Administrative Hearings.

   a. The MDH Office of Administrative Hearings shall promptly acknowledge any appeal and notify in writing the provider and the BHA Office of Licensing Compliance of the date, time, and place of the hearing.

   b. Upon receipt, the BHA Office of Licensing Compliance shall immediately forward this information to all LBHAs for jurisdictions in which the provider practices.

5. The BHA and the LBHA(s) involved shall apply an effective date of the proposed PBHS action based on:

   a. The date of the proposed Program action notice if the BHA Office of Licensing Compliance determines that the provider poses an imminent threat to public health, safety, or welfare that requires emergency action, and notifies the provider of this determination;

   b. The date specified in the proposed PBHS action notice if the provider does not request a hearing within 30 days of the date of the notice of the proposed PBHS action, or withdraws in writing or abandons a request for a hearing before the effective date of the proposed PBHS action;

   c. The first payment date following the date of the PBHS action notice if the PBHS action involves withholding payment to the provider because the BHA or local authority discovered an overpayment to the provider;

   d. The date the administrative law judge renders a decision in favor of the PBHS if the provider fails to file timely with the MDH Secretary exceptions to the administrative law judge's decision (see section d below) or withdraws in writing or abandons a request for an exceptions hearing before the date of the exceptions hearing; or

   e. The date the MDH Secretary renders a decision in favor of the PBHS if any party files exceptions with the MDH Secretary using the process in section d below.

6. LBHAs and BHA shall comply with the following exceptions and outcomes to this process:

a. A party may seek additional administrative review of the administrative law judge's decision by filing in writing exceptions with the MDH Secretary within 30 days of the date of the administrative law judge's decision (per COMAR 10.01.03).

b. If the Secretary's decision is favorable to the PBHS, BHA and/or the LBHA(s) may immediately implement the proposed PBHS action and institute recovery procedures against the provider to recoup the cost of any payments made to the provider to the extent the payments were made solely because the provider was permitted to continue to submit claims to MDH because of filing an exception with the MDH Secretary.

c. If the proposed PBHS action was effective on the date of the notice (as provided for in 4(b) above), the BHA shall authorize corrected payments or relief retroactive to the date of the notice if the MDH Secretary's decision is favorable to the provider, or BHA grants the provider the relief the provider requests before the Secretary's decision.

d. A provider may seek additional administrative review of the MDH Secretary's decision, as provided in Health-General Article, §§2-206 and 2-207, Annotated Code of Maryland, and subsequent judicial review as provided in State Government Article, §10-215, Annotated Code of Maryland.

More Information:

COMAR 10.09.80.11 requires use of the Appeals Process set forth in COMAR 10.09.36.09

Role 4: Operations

In this role, the LBHA is to be good stewards of public funds by efficiently, equitably and cost effectively managing operations and administrative functions of the LBHA.

Orientation to Managing the PBHS (REVISED)

Owner: BHA Policy / Planning and BHA Operations

Description: This procedure lists the steps expected of Local Behavioral Health Authorities (LBHAs), in collaboration with the Behavioral Health Administration (BHA), so that all leaders and staff receive a basic orientation to the role of LBHAs in helping to manage the Public Behavioral Health System (PBHS) as local designees of BHA.

Things I Need:

BHA System Manager Manual Definitions and Acronyms (see Attachments A and B)

System Manager Procedure Manual (this document and any addenda, see also: https://health.maryland.gov/bha/Pages/Manual-for-Managing-the-Public-Behavioral-Health-System.aspx)

Statewide MDH Behavioral Health Plan (https://bha.health.maryland.gov/Pages/Behavioral-Health-Plans.aspx)

Step-By-Step Procedure:

1. To enable all leaders and staff of LBHAs and BHA to have a basic, shared understanding of the role that they and their organization plays in helping to manage the Public Behavioral Health System (PBHS) locally, regionally, and/or statewide, all current and new employees of LBHAs and of BHA shall be provided and participate in a systems management orientation.
    a. **BHA** will provide an orientation to systems management as set forth in this procedure at least once for all existing BHA leaders and staff, and, if possible, within three months of the date of hire for all new staff members.
    b. Each **LBHA** will provide to all existing LBHA staff an orientation to systems management as set forth in this procedure at least once, and, if possible, within three months of the date of hire for all new staff members.

2. The systems management orientation should provide clarity about basic expectations and responsibilities for managing the PBHS, so that new employees can be effective and productive as soon as possible, reduce frustration and turnover due to misunderstood or unmet expectations, and provide everyone within the LBHAs and in BHA with the same basic information and training about managing the PBHS.
3. Each orientation session shall provide employees with information that explains policies, procedures, and expectations for managing the PBHS. The session should also help answer basic questions about managing the PBHS in Maryland and how this relates to the employee's role as part of their team or unit, in their local agency and/or BHA, and within the overall PBHS.
4. Systems management orientation session(s) may be conducted in-person or virtually, individually or in groups. Regardless of the approach and timing, each orientation session must be structured to effectively increase employee awareness of the core information listed in Section 5(a) through 5(f), answer basic questions, and encourage discussion as needed to build shared understanding.
5. The *System Manager Manual* is the primary resource for the systems management orientation. At a minimum, the orientation session should cover the following information which is described, illustrated, or hyperlinked in the *System Manager Manual*.
    a. BHA and LBHAs must operate in accordance with all applicable Maryland state laws and regulations, State policies and procedures including those from the Maryland Department of Health (MDH), and the BHA expectations set forth in the *System Manager Manual*.
    b. High level overview of the connection between key organizations in the PBHS, and their basic organizational structures: MDH, BHA, and LBHAs (or CSAs and LAAs where applicable).
    c. Overview of the behavioral health system of care that illustrates how LBHAs fit into the overall system in which public and private entities serve all residents of Maryland.
    d. Essential relationship between BHA and each LBHA as local designees of BHA, and the roles of LBHAs as local system managers: leadership, management, oversight, and operations.
    e. The *System Manager Manual* is an important document for all LBHA and BHA staff to use in managing the PBHS.
    f. Topics covered in the *System Manager Manual* so employees know where to find specific policies and procedures, and related forms, templates, and other supporting documents – particularly for the processes that are part of their job in the LBHA or BHA.
    g. How to access the most current version of the *System Manager Manual* and what to do if something is not clear or content needs to be updated.

More Information:

Lawsuits (IN REVIEW, TO BE UPDATED)

Owner: BHA Deputy Secretary

Description: This procedure lists the steps required for LBHAs to follow in the event of a lawsuit made or filed against the LBHA or its vendor(s), resulting from or relating to a LBHA's obligations under agreements or contracts with the BHA.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

Step-By-Step Procedure:

1. If a claim or lawsuit is made or filed against an LBHA or its vendor(s), regarding any matter resulting from or relating to the LBHA's obligations under a contract or agreement with BHA, the LBHA shall immediately notify the BHA Office of the Deputy Secretary by phone and in writing with a copy to the Systems Management Division.
2. The LBHA shall cooperate, assist, and consult with BHA, the Maryland Department of Health and others for the State of Maryland in the defense or investigation of any such claim, suit, or action.
    a. LBHAs organized as non-profit entities shall maintain insurance against negligence and be bonded against loss of funds in the amount and scope required by BHA and MDH.
3. Consistent with the Conditions of Award entered into by BHA and each LBHA, and to the extent permitted by statute, the State of Maryland will:
    a. Cooperate, assist, and consult with the local authority in the defense or investigation of any claim, suit, or action made or filed against the LBHA by a third party as a result of or relating to the LBHA's performance under agreements or contracts with BHA.
    b. Provide to the LBHA legal counsel or defense in the event that a suit, claim, or action of any character is brought by any person not a party to the agreement against the LBHA as a result of, or relating to, the LBHA's obligations under any contract or agreement with BHA.
    c. Be responsible for the payment of any judgment or the settlement of any claims of the LBHA or its subcontractors as a result of, or relating to, the LBHA or its contractor's negligence or malfeasance in performing their obligations under this agreement.

More Information:

Records Retention (REVISED)

Owner: BHA Deputy Secretary

Description: This Records Retention procedure lists the steps required of LBHAs, authorized by the Behavioral Health Administration (BHA), to retain records in a manner consistent and in compliance with state and federal requirements. All employees should be given information about the required approach to handling and retaining records.

Things I Need:

BHA *System Manager Manual* Definitions and Acronyms *(see Attachments A and B)*

Maryland Department of Health Records Inventory and Retention Schedule (June 2019)

MDH Webpage on Records Retention Schedules from the MDH Office of Internal Controls, Audit Compliance, and Information Security: https://health.maryland.gov/iac/Pages/Records-Retention-Schedules.aspx

Maryland Law Health General § 4-301 et. seq.

Federal HIPAA regulations including 45 CFR 164 et. seq.

Step-By-Step Procedure:

1. The LBHA shall include specific protocols in its local Policy and Procedure Manual to ensure that records are maintained as required by State and Federal laws, regulations, and requirements, including but not limited to:
    a. Maryland Department of Health Records Retention Schedule
    b. Maryland Law Health General § 4-301 et. seq., Annotated Code of Maryland
    c. Federal HIPAA regulations, including 45 CFR 164 et. seq.
    d. Applicable BHA policies and procedures

2. Consistent with the Conditions of Award entered into by BHA and each LBHA, as a general approach, all consumer information must be kept confidential. Exceptions may be made in circumstances that are specifically addressed by state or federal laws and regulations, such as:

a. Maintaining all patient information in accordance with Maryland Law Health General § 4-301 et. seq., Annotated Code of Maryland and Federal HIPAA regulations, including 45 CFR 164 et. seq.
b. Responding to law enforcement requirements.

3. LBHA staff shall be informed about procedure so that their local record retention activities comply with these requirements.

4. The LBHA shall retain and maintain all financial records and documents including agreements related to the Conditions of Award for five (5) years, or until all audit requirements are met unless a longer retention period is required by federal, state, or local governments.

5. BHA shall notify LBHAs when certain financial records or documents require a retention period longer than five years or are required to be archived. After the required length of time for retaining the record and/or document is met and the record or document is no longer needed, the LBHA may destroy the record or document using the following acceptable methods.

6. The LBHA shall require all vendors or subcontractors to follow the records retention protocols set forth by the LBHA.

More Information:

Attachments

Attachment A: Definitions (EXPANDED)

NOTE: this list of definitions is intended to be used as the master list by BHA and LBHAs. Unless otherwise noted, many of these definitions are based on definitions in COMAR 10.63.01.02.

Accreditation: The approval granted by an approved accreditation organization of a provider, or the process of obtaining the approval.

Accreditation-based license: A license that may be issued or received only if the provider is accredited by an approved accreditation organization. (source: COMAR 10.63.02)

Administrative Services Organization (ASO): An ASO is an organization contracted by the State to help manage services. The entity under contract with the Maryland Department of Health (MDH) to provide administrative services for the public behavioral health system, following standards and policy set by MDH. The ASO does not have authority for independent decision making on policy, reimbursement, or authorization, but may make recommendations to MDH. See COMAR 10.67.08 and COMAR 10.63.01.06

Advisory Council: A group of stakeholders and/or subject matter experts designated to provide input to the Local Authority, including but not limited to developing the Local Behavioral Health Plan submitted to BHA. The purpose of an Advisory Council is to serve as an advocate for a comprehensive behavioral health system for persons across the lifespan.

Agreement to Cooperate: Written agreement that provides for coordination and cooperation between the parties in carrying out behavioral health activities in the local jurisdiction. A written agreement between the program and a core service agency, local addictions authority, or local behavioral health authority that provides for coordination and cooperation in carrying out behavioral health activities in a given jurisdiction.

Allowable Cost: A cost incurred by a grant recipient that is: (1) reasonable for the performance of the award; (2) allocable; (3) in conformance with any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or in the Notice of Award (NoA) as to the type or amount of cost; (4) consistent with regulations, policies, and procedures of the grant recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award unless specifically authorized by statute. (Source: SAMHSA)

Allocation: A distribution of funds or an expenditure limit established for an organizational unit or function.

Assistance Listing Numbers (ALN): Formerly known as Catalog of Federal Domestic Assistance (CFDA), ALNs are related to Federal programs, projects, services, and activities that provide assistance or benefits to the American public. See: https://sam.gov/content/assistance-listings (Source: SAMHSA)

Assurance: A certification by an applicant, normally included with the application, indicating that the entity will abide by a particular requirement if awarded a federal grant or a grant that uses federal funds. (Source: SAMHSA)

Audit: An objective evaluation of an organization's financial statements and performance in fulfilling the requirements of all relevant agreements or contracts.

Award: The provision of funds to carry out an approved program or project based on an approved application or progress report. (Source: SAMHSA)

Behavioral health: A general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders. (Source: SAMHSA)

Behavioral Health Administration (BHA): The division of the Maryland Department of Health that is responsible for the public behavioral health system in Maryland.

Behavioral health program: A substance-related disorders program, a mental health disorders program, a gambling disorder program, or a program that consists of a combination of these disorder programs.

Blended funding: The mixing or combining of funds from two or more sources together to fund a program or initiative so each individual funding source loses its specific program identity. In blending, costs are not necessarily allocated and tracked by individual funding sources. Blending funds typically requires statutory authority, and the leading agency or coalition must report on the use of the funds as a total, rather than reporting on the funds from each program and agency. (Source: HHS and NACCHO)

Block grant: A noncompetitive, formula grant mandated by the U.S. Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding. SAMHSA is responsible for two block grant programs: the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG). (Source: SAMHSA)

Braided funding: Lacing together funds from two or more sources to support the total cost of a service. Revenues are allocated and expenditures tracked by different categories of funding sources so each individual funding source maintains its specific program identity and can be tracked independently from planning through evaluation. In braiding, cost-allocation methods are required to ensure that there is no duplicate funding of service costs and that each funding source is charged its fair share across the partners. Braiding funds typically can be done without statutory authority. (Sources: HHS and NACCHO)

Carryover: Unobligated Federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover. (Source: NIH)

Catalog of Federal Domestic Assistance (CFDA): See Assistance Listing Numbers

Certified Peer Recovery Specialist (CPRS): An individual who uses lived experience in recovery to help others in their recovery journey. CPRSs receive formal training to both facilitate support groups and work one-on-one

with individuals who are either seeking or maintaining recovery from serious mental health issues, substance use disorders, or co-occurring behavioral health concerns.

Code of Maryland Regulations (COMAR): The official compilation of all administrative regulations issued by agencies of the state of Maryland.

Community Needs Assessment: A systematic method of gathering information from the community regarding current barriers, community strengths, and available programs, services and resources that is used to guide local development, expansion and implementation of resources, services and programs.

Complaint: A verbal or written expression of dissatisfaction regarding the care or services provided by the health care provider.

Conditions of Award (COA): The agreement between the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) and an LBHA, CSA, or LAA, which lists requirements associated with one or more funding sources provided to the LBHA, CSA, or LAA by the BHA. See also Statement of Work (SOW) which is paired with the COA as part of the BHA contracting process. For Federal grants, the COA includes all legal requirements imposed on a grant by the awarding office, whether based on statute, regulation, policy, or other document referenced in the Notice of Award (NoA) or specified in the NoA. The NoA may include other conditions necessary to attain the award's objectives, facilitate post-award administration, conserve grant funds, or otherwise protect the Federal government's interests. (Source: CDC)

Consumer: An individual or family member who currently needs or may need behavioral health treatment, services or support currently or at any point in the future. Depending on the context, additional terms that are sometimes used include program participant, client, or patient.

Continuum of Care: The necessary array of inpatient and community-based services and supports (both professional and natural) that are available to support a spectrum of intensity of need, from opportunities and prevention, to intensive therapeutic interventions.

Contract: A legally binding document in which the parties make promises to deliver a product or service in exchange for consideration (usually money).

Core Service Agency: The county or multicounty authority, designated under Health-General Article, Title 10, Subtitle 12, Annotated Code of Maryland, responsible for planning, managing, and monitoring publicly funded mental health services. (source: COMAR 10.63.01.02)

Corrective Action Plan: A step-by-step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to: identify the most cost-effective actions that can be implemented to correct error causes; develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient; achieve measurable improvement in the highest priority areas; and, eliminate repeated deficient practices. (source: CMS) *Given that many similar terms are used, see also the general definition for* ***Improvement Plan****.*

Critical Incident: Any unintended actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a program's participant(s). Examples of critical incidents include but are not limited to: unexpected death of a participant; life-threatening injury of participant; non-consensual sexual activity between participants; any sexual activity between staff

member and program participant; evacuation of a building/program under threat to life, health, or safety; diversion of medications; opioid-related injury; overdose resulting in death; or police being called to provider location except in cases of crisis response for the patient.

Direct Service: Hands-on involvement working with individuals or a group to meet people's immediate needs (for food, shelter, clothing, or medical care, etc.) or to provide clinical or other interventions. Direct services may be provided in-person or remotely via telehealth.

Emergency Room (ER) Diversion: Activities that reduce low acuity, unnecessary Emergency Room/Emergency Department visits.

Fee-for-Service: Payment to a provider of services rendered, at a predetermined rate, separately for each service rendered.

Fiscal Year (FY): The annual period established for government accounting purposes. The State Fiscal Year begins on July 1 and ends on June 30 of the following year. For example, the State FY2022 began on July 1, 2021 and ended on June 30, 2022. The Federal Fiscal Year begins October 1 and ends on September 30 of the following year. For example, the Federal FY2022 began on October 1, 2021 and ended on September 20, 2022. Grant funds from BHA follow the federal fiscal year or the state fiscal year, depending on the funding source.

Funding supplement: An increase in the amount of funding by the sponsor to an existing award. Supplemental funding increases the award and extends the award period. The grant or contract award number remains the same.

Geo-mapping: Location-based data reports that can be used to inform health care policy decisions.

Grant: An expenditure by a public authority or agency to provide financial assistance to a funding recipient to undertake activities that help the agency achieve a policy outcome, typically done using a Notice of Funding Availability (NOFA).

Improvement Plan: A general term for a written plan developed to facilitate improvement of an identified problem rather than being punitive. There are several names for such plans which sometimes are used interchangeably but not always. *See also definitions for:* ***Corrective Action Plan*** *(term often used in federal programs),* ***Plan of Correction*** *(defined in COMAR 10.63.01.02),* ***Program Improvement Plan*** *or* ***Performance Improvement Plan*** *(term often used by the Medicaid ASO).*

Incedo: The provider portal managed by the Medicaid ASO as of FY2021

Independent Accounting Firm: An accounting firm who examines the financial records and transactions of the Local Authority but is not affiliated with the Local Authority in order to ensure the integrity of the audit and avoid conflicts of interest.

Investigation: A set of activities performed by an external entity (e.g., could be BHA, LBHA, ASO or others) to prove a fact or allegation. An investigation is more in-depth and focused than an audit.

Local Addictions Authority (LAA): The designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded substance-related and addictive disorder services. The

movement in recent years is for public substance use services to be integrated with other services including public mental health services under a Local Behavioral Health Authority. (source: COMAR 10.63.01.02)

Local Behavioral Health Authority (LBHA): The designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health, substance-related, and addictive disorder services. Sometimes LBHA is used by BHA as a general term to also include Local Addictions Authority (LAA) or a Core Service Agency (CSA), authorized by BHA to manage the public behavioral health system at the local level. (source: COMAR 10.63.01.02)

Local Behavioral Health Advisory Council (LBHAC): An integrated advisory council, either involving or replacing the MHAC and LDAAC, that provides advice to the Local Authority regarding behavioral health issues.

Local Drug and Alcohol Abuse Council (LDAAC): The advisory council that provides advice to the Local Authority regarding local substance use disorder issues.

Local Jurisdiction: Baltimore City or one of the 23 counties in Maryland.

Maryland Association of Behavioral Health Authorities (MABHA): The non-profit organization that represents Core Service Agencies, Local Addictions Authorities, and Local Behavioral Health Authorities in Maryland.

Maryland Medicaid: A Federal-State health insurance program. In Maryland, people eligible for Medicaid coverage include children, families, pregnant women, and single adults residing in Maryland who qualify for the program based on household income. Benefits include primary care, prescriptions, visits to specialty care, behavioral health care, and hospital care. “Maryland Medicaid” is sometimes used to refer to the Maryland Health Care Financing Division within MDH, which oversees the Medicaid program in Maryland.

MDH Auditor: An auditor who is employed by the Maryland Department of Health (MDH).

Medications for Opioid Use Disorder (MOUD): The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of opioid use disorders. Medications used in MOUD, including methadone, buprenorphine, and naltrexone, are approved by the Food and Drug Administration (FDA). MOUD programs are clinically driven and tailored to meet each patient’s needs. (source: SAMHSA)

Mental Health Advisory Committee (MHAC): The advisory council that provides advice to the Local Authority regarding local mental health issues.

Mental Health Professional: An individual who is licensed, certified, or otherwise legally authorized to provide services as part of a mental health program. (source: COMAR 10.63.01.02)

Mental Health Program: A community-based program that is approved by the Maryland Department of Health to be eligible to receive State or federal funds, or both. (source: COMAR 10.63.01.02)

Mobile Crisis Team: A service which provides immediate response emergency mental health and/or substance abuse or overdose evaluations to people in the community.

Monitoring: The process of collecting, analyzing and using information to track a program/provider’s progress in reaching its objectives and goals.

No Cost Extension (NCE): An extension of time to a project period and/or budget period to complete the work of the grant under that period, without additional federal funds or competition. Under a NCE, a project's originally approved scope cannot change. (Source: NIH)

Notice of Award (NoA): The official, legally binding document, signed by the grants management officer. It notifies the grant recipient of the award of a grant; contains or references all the terms and conditions of the grant and federal funding limits and obligations; and provides the documentary basis for recording the financial and programmatic obligations. (Source: SAMHSA)

Notice Of Funding Opportunities (NOFO): Grant funding opportunities. Each NOFO contains all the information necessary to apply for a grant. (Source: SAMHSA)

Opioid Treatment Program (OTP): A program that provides medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) and is governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8. OTPs must provide counseling and other behavioral therapies to opioid use disorder (OUD) patients who receive such medications, for a whole-person approach. (source: SAMHSA)

Outcomes Measurement System: A system for evaluating the results of mental health, substance use disorder, or behavioral health treatment that has been provided, either at an individual level or across a community to improve population health.

Outpatient Mental Health Center (OMHC): A program approved under COMAR 10.63.03.05, which are community-based centers that provide individual or group psychotherapy and/or family counseling with licensed professionals, testing and psychiatric evaluation, medication management, and / or medication administration.

Outpatient Treatment Program (OTP): A clinic or program that administers FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) or medications for opioid use disorders (MOUD), dispenses and administers such medications (if applicable), and, provides substance use counseling, individual and group therapy, toxicology testing, and periodic assessments. (source: CMS)

Overdose Education and Training Program: Educational instruction in opioid overdose recognition and response and the administration of naloxone.

Pass-Through Funding: Funds issued by a federal agency to a state agency or institution that are then transferred to other state agencies, units of local government, or other eligible groups per award eligibility terms. The state agency or institution is the "prime recipient" of the pass-through funds and the secondary recipients are "subrecipients." The prime recipient issues the subawards as competitive or noncompetitive as dictated by the prime award terms and authorizing legislation. (Source: Grants.gov)

Peer Recovery and Wellness Programs: Services that are generally peer run, non-clinical and community-based, designed to support program participants in their behavioral health recovery.

Peer Recovery Services: A set of non-clinical activities provided by individuals in recovery from mental health or substance-related and gambling disorders who use their personal, lived experiences and training to support other individuals with behavioral health conditions.

Performance Improvement Plan: A written plan developed by a behavioral health provider – in collaboration with an LBHA, CSA, LAA, BHA, and/or the ASO – that is intended to facilitate improvement of an identified problem. Term often used by OPTUM, the Medicaid ASO for Maryland. For example, Optum requires programs that are found to be compliant in less than 85% of the charts reviewed to develop a Performance Improvement Plan (PIP) in conjunction with the LBHA, CSA, Optum Maryland, BHA, or any other auditing agency. (source: Optum ASO) *Given multiple terms, see also the general definition for* ***Improvement Plan****.*

Plan of Correction: A program's proposed response to *findings of deficiency* identified by BHA or BHA's designated approval unit (source: COMAR 10.63.01.02) and/or a program's proposed response to *findings of noncompliance* identified by BHA. (source: COMAR 10.47.04.02) *Given that many similar terms are used, see also the general definition for* ***Improvement Plan****.*

Primary care provider (PCP): A practitioner who is the primary coordinator of care for an individual, and whose responsibility it is to provide accessible, continuous, comprehensive, and coordinated health care services. This includes PCPs covering the full range of benefits required by the Maryland Medicaid Managed Care Program, as specified in COMAR 10.67.06.

Procurement: Process by which an organization secures high-value materials, equipment, supplies, and services, typically done using a Request for Proposal (RFP) in compliance with COMAR Title 21.

Program improvement plan (PIP): A written statement from a program that documents the program's methods and time frames for correcting deficiencies cited by the BHA's designated approval unit. (source: COMAR 10.62.01.02) *Given that many similar terms are used, see also the general definition for* ***Improvement Plan****.*

Provider (or behavioral health provider): An individual clinician or program licensed by the Behavioral Health Administration to provide services and bill the Medicaid fee-for service system.

Psychiatric Rehabilitation Program (PRP): Psychiatric rehabilitation services provided to an adult or child at the program site or an off-site location. This may also include a residential rehabilitation program, appropriate to the individual's needs. PRPs are approved under COMAR 10.63.03.09 for adults, and COMAR 10.63.03.10 for minors, or both.

Public Behavioral Health System (PBHS): The system of care, services, and programs that includes but is not limited to publicly funded local behavioral health services in Maryland, which is intended to meet the needs of persons who have, or are at risk of developing, behavioral health disorders.

Recovery residence: A service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental health and substance-related disorders or addictive disorders, and that does not include clinical treatment services.

Request for Proposal (RFP): A solicitation inviting proposals to provide products and/or services or propose a solution to a specific need. It is a formal and binding document.

Residential Crisis Services (RCS): Intensive mental health and support services that are: 1) provided to a child or an adult with mental illness who is experiencing or is at risk of a psychiatric crisis that would impair the individual's ability to function in the community; and 2) designed to prevent a psychiatric inpatient admission. RCS services are provided by programs approved under COMAR 10.63.04.04.

Residential Rehabilitation Program (RRP): A program that provides housing and supportive services to single individuals. The goal of residential rehabilitation is to provide services that will support an individual to transition to independent housing of their choice. RRPs provide staff support around areas of personal needs such as medication monitoring, independent living skills, symptom management, stress management, relapse prevention planning with linkages to employment, education and/or vocational services, crisis prevention, and other services that will help with the individual's recovery. RRP programs are approved under COMAR 10.63.04.05.

Residential Specialist: An individual designated by the Maryland Department of Health (MDH), BHA, or an LBHA to inspect, monitor, and determine the approval status of a residence. (source: COMAR 10.63.01.02) In addition, a provider-level residential specialist helps clients by researching services, such as food stamps and Medicaid, that are available to clients in their communities, coordinates services provided to clients, and helps clients complete paperwork to apply for assistance programs.

Scope of Work: The range of services, aims, objectives, and purposes of a grant; as well as the methodology, approach, analyses, or other activities; and the tools, technologies, and timeframes needed to meet the grant's objectives. This includes the research or training plan included with the original grant application, along with any approved modifications. (Source: NIH)

Site Visit / Inspection : General review, at a single point in time, of the physical condition of a property or program.

Stakeholder: Any person or organization actively involved in managing the public behavioral health system (PBHS) or whose interests may be affected (positively or negatively) by how the PBHS is managed.

Statement of Work (SOW): The detailed description of the work to be performed under the contract, typically described in a contract proposal. (Source: NIH) See also Conditions of Award (COA) which is paired with the SOW as part of the BHA contracting process.

Stigma: A mark of disgrace, negative attitudes or discrimination associated with a particular characteristic, person, or circumstance. Stigma associated with behavioral health issues can cause people to feel ashamed for something that is out of their control, and may prevent people from seeking the help they need.

Survey: An effort to review processes to assess compliance with standards. This may include reviewing documentation to determine if the required processes were followed. Surveys are typically done by accreditation entities.

System of Care: A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of individuals and their families and that are family-driven, individualized, culturally and linguistically competent, and community-based.

Telehealth: A mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. Telehealth statutes for all aspects of MDH are in Maryland Health Occupations §1-1001 through §1-1006.

Urgent Care Center (UCC): Walk-in crisis services, such as clinics or psychiatric urgent care centers that offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, though they may recommend hospitalization when appropriate. Walk-in clinics may serve as drop-off centers for law enforcement to reduce unnecessary arrests.

Vendor: A subcontractor to an LBHA, such as a behavioral health provider or other who offers services or support to the PBHS.

Whole Person Health: An approach to health policy, systems and services that involves looking at the whole person—not just separate organs or body systems, and inclusive of an individual's mental health and/or substance use history—and considering factors that promote health or disease. It involves empowering individuals, families, communities, and populations to improve health in interconnected biological, behavioral, social, and environmental areas. Beyond treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.

Attachment B: Glossary of Acronyms (EXPANDED)

ACE: Adverse Childhood Experience

ACHC: Accreditation Commission for Health Care (http://www.achc.org)

ACS: American Community Survey

ACT: Assertive Community Treatment

AHRQ: Agency for Healthcare Research and Quality

ALN: Assistance Listing Numbers (formerly called CFDA)

ASL: American Sign Language

ASO: Administrative Services Organization

ATTC: Addiction Technology Transfer Center

BCARS: Baltimore Child and Adolescent Response System

BEST: Behavioral Emergency Services Team

BH: Behavioral Health

BHA: Behavioral Health Administration

BHI: Behavioral Health Integration

BRFSS: Behavioral Risk Factor Surveillance System

CADC: Certified Alcohol and Drug Counselor

CAP: Corrective Action Plan

CARF: CARF International, formerly known as the Commission on Accreditation of Rehabilitation Facilities (http://www.carf.org/home)

CCAP: Continuity of Care Advisory Panel

CCBHC: Certified Community Behavioral Health Clinic

CCC: Comprehensive Crisis Center

CCRC: Comprehensive Crisis Response Center

CDC: Centers for Disease Control

CEPG: Center of Excellence on Problem Gambling

CES: Coordinated Entry System

CFDA: Catalog of Federal Domestic Assistance (now called Assistance Listing Numbers)

CFR: Code of Federal Regulations

CI&R: Crisis, Information and Referral

CIT: Crisis Intervention Team

COA: Conditions of Award

COA: Council on Accreditation (http://coanet.org/home)

CoC: Continuum of Care

COMAR: Code of Maryland Regulations

CPRS: Certified Peer Recovery Specialist

CQT: Consumer Quality Team

CRS: Crisis Response System

CRT: Crisis Response Team

CSA: Core Service Agency

CSC: Crisis Stabilization Center

CSCC: Crisis Services Care Coordination

DHMH: Department of Health and Mental Hygiene (now MDH)

DOJ: Department of Justice

DORS: Division of Rehabilitation Services

EBP: Evidence-Based Practice

ECMHC: Early Childhood Mental Health Consultation

ED: Emergency Department

EMR: Electronic Medical Record

EMS: Emergency Medical Services

EMTALA: Emergency Medical Treatment and Labor Act

EP: Emergency Petition

ER: Emergency Room

ERPO: Extreme Risk Protective Orders

ESMH: Expanded School Mental Health

FAST: Forensic Alternatives Services Team

FDA: Food and Drug Administration

FFPSA: Families First Prevention Services Act

FFS: Fee for Service

FQHC: Federally Qualified Health Center

FY: Fiscal Year

HIPAA: Health Insurance Portability and Accountability Act

HSCRC: Health Services Cost Review Commission

IA: Interagency Agreement

IDD: Intellectual and Developmental Disability

IOP: Intensive Outpatient Program

IRB: Institutional Review Board

IRS: Internal Revenue Service

LAA: Local Addictions Authority

LADC: Licensed Alcohol and Drug Counselor

LBHA: Local Behavioral Health Authority

LEAD: Law Enforcement Assisted Diversion

LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Queer/, Intersex, Asexual or Allied

LOD: Letter of Determination

LPC: Licensed Professional Counselor

LTSS: Long-Term Services and Supports

MA: Medical Assistance or Medicaid

MABHA: Maryland Association of Behavioral Health Authorities

MARS: Maryland Assessment of Recovery Scale

MAT: Medication-Assisted Treatment

MCCJTP: Maryland Community Criminal Justice Treatment Program

MCF: Maryland Coalition of Families

MCH: Maryland Crisis Hotline

MCO: Managed Care Organization

MDH: Maryland Department of Health

MH: Mental Health

MHAMD: Mental Health Association of Maryland

MHBG: Mental Health Services Block Grant

MIEMSS: Maryland Institute for Emergency Medical Services Systems

MNC: Medical Necessity Criteria

MOU: Memorandum of Understanding

NAMI: National Alliance on Mental Illness

NCCHC: National Commission on Correctional Health Care (https://www.ncchc.org/)

NCE: No Cost Extension

NOA: Notice of Award

NOFA: Notice of Funding Availability

NOFO: Notice of Funding Opportunity

NSDUH: National Survey of Drug Use and Health

OMHC: Outpatient Mental Health Center

OMS: Outcomes Measurement System

OUD: Opioid Use Disorder

PASRR: Pre-admission Screening and Resident Review

PBHS: Public Behavioral Health System

PCCP: Person-Centered Care Planning

PIP: Program Improvement Plan or Performance Improvement Plan

PRP: Psychiatric Rehabilitation Program

PSH: Permanent Supported Housing

RACE: Recognize, Ask, Care, Encourage

RFI: Request for Information

RFP: Request for Proposals

ROSC: Recovery Oriented System of Care

SABG: Substance Abuse Prevention and Treatment Block Grant

SAMHSA: Substance Abuse and Mental Health Services Administration

SATS: Substance Abuse and Treatment Services Program

SBIRT: Screening, Brief Intervention, and Referral for Treatment

SDOH: Social Determinants of Health

SE: Supported Employment

SMI: Serious Mental Illness

SOR: State Opioid Response

SOW: Statement of Work or Scope of Work

SPA: State Plan Amendment

SRD: Substance Related Disorder

START: Sobriety Treatment and Recovery Teams

SUD: Substance Use Disorder

TAMAR: Trauma, Addiction, Mental Health and Recovery

TAY: Transitional Aged Youth

TJC: The Joint Commission (https://www.jointcommission.org)

TMACT: Tool for Measurement of Assertive Community Treatment

WRAP: Wellness Recovery Action Planning

YRBSS: Youth Risk Behavioral Surveillance System

Attachment C: List of Local Behavioral Health Authorities in Maryland (UPDATED)

The list below is current as of January 2024.

	Local Behavioral Health Authority (LBHA)	Core Service Agency (CSA)	Local Addictions Authority (LAA)	Notes
Allegany County	Local Health Department			**LBHA** formed in FY2016 in the local health department: Allegany Co. Behavioral Health System's Office, P.O. Box 1745, Cumberland, MD 21501 (Dir: Becki Clark)
Anne Arundel County	Integrated committee (nonlegal entity) connects the CSA and LAA	Non-Profit	Local Health Department	**LBHA** approach approved by BHA FY2022. **CSA** is a non-profit: Anne Arundel County Mental Health Agency, PO Box 6675, 1 Truman Pky, 101, Annapolis, MD 21401 (Dir: Adrienne Mickler); **LAA** is in the local health department: Anne Arundel County Health Department Behavioral Health, 3 Harry S. Truman Parkway HD24, Annapolis, MD 21401 (Dir: Sandra O'Neill)
Baltimore City	Non-Profit			**LBHA** formed in FY2014 as a non-profit organization: Behavioral Health System Baltimore, 100 South Charles Street, Tower 2, Floor 8, Baltimore, MD 21201 (Dir: Crista Taylor)
Baltimore County	Local Health Department			**LBHA** formed in FY2010 in the local health department: Baltimore County Department of Health, Bureau of Behavioral Health, 6401 York Rd, 3rd Floor, Baltimore, MD 21212 (Dir: Ari Blum)
Calvert County	Local Health Department			**LBHA** formed in FY2020 is in the local health department: 975 Solomons Island Road North, PO Box 980, Prince Frederick, MD 20678 (Dir: Andrea McDonald-Fingland)
Caroline County		Regional Non-Profit	Local Health Department	**CSA** is a regional non-profit: Mid-Shore Behavioral Health, Inc.[1], 28578 Mary's Ct, Ste 1, Easton, MD 21601 (Dir: Katie Dilley); **LAA** is in the local health department: Caroline County Behavioral Health Program, 403 S. 7th St., Denton, MD 21629 (Dir: Terri Ross)
Carroll County	Local Health Department			**LBHA** formed in FY2012 in the local health department: Carroll County Local Behavioral Health Authority, 290 South Center Street, Westminster, MD 21157 (Dir: Cathy Baker)
Cecil County		Local Health Department	Local Health Department	**CSA** is in the local health department: Cecil County Core Service Agency, 401 Bow Street, Elkton, MD 21921 (Dir: Shelly Sawyer); **LAA** is in the local health department: Cecil County Health Department, 401 Bow Street, Elkton, MD 21921 (Dir: Ken Collins)

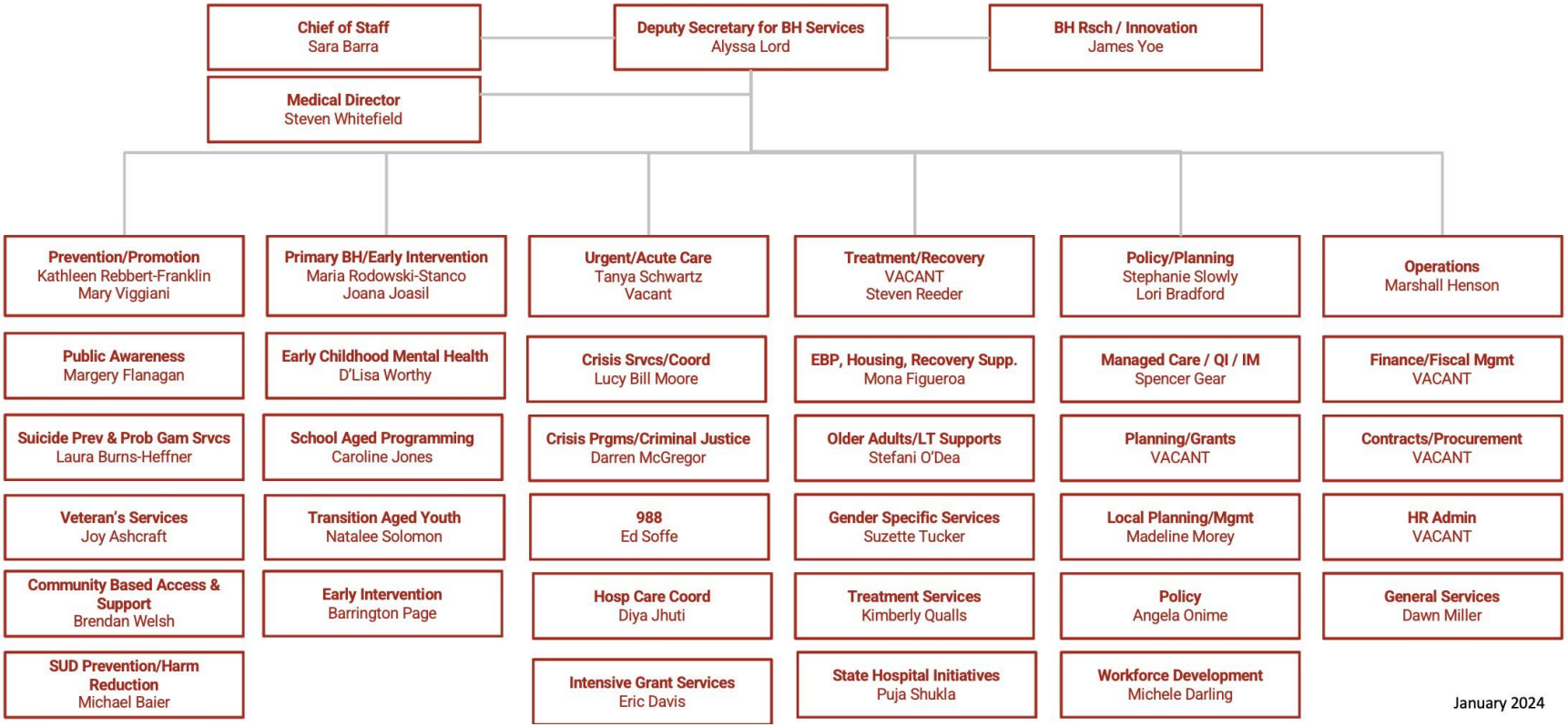
	Local Behavioral Health Authority (LBHA)	Core Service Agency (CSA)	Local Addictions Authority (LAA)	Notes
Charles County	Local Health Department			**LBHA** formed in FY2018 in the local health department: Charles Co. Local Behavioral Health Authority, P.O. Box 1050, 4545 Crain Hwy., White Plains, MD 20695 (Dir: Karyn Black)
Dorchester County		Regional Non-Profit	Local Health Department	**CSA** is a regional non-profit: Mid-Shore Behavioral Health, Inc., 28578 Mary's Court, Suite 1, Easton, MD 21601 (Dir: Katie Dilley); **LAA** is in the local health department: Dorchester County Addictions Program, 524 Race Street, 1st floor, Cambridge, MD 21613 (Dir: Donald Hall)
Frederick County	Local Health Department			**LBHA** formed in 2019 in the local health department: Frederick County Health Department, Behavioral Health Services, 350 Montevue Lane, Frederick, MD 21702 (Dir: Andrea Walker)
Garrett County	Local Health Department			**LBHA** formed in FY2017 in the local health department: Garrett County Behavioral Health Authority, 1025 Memorial Drive, Oakland, MD 21550 (Dir: Fred Polce)
Harford County	Integrated committee (nonlegal entity) connects the CSA and LAA	Non-Profit	Local Health Department	**LBHA** approach approved by BHA Nov. 2021. **CSA** is a non-profit: Office on Mental Health of Harford County, 2231 Conowingo Rd. Ste. A, Bel Air, MD 21015 (Dir: Jessica Kraus); **LAA** is in the local health department: Harford County Health Department, 120 Hays Street, Bel Air, MD 21014 (Dir: Shawn Martin)
Howard County	Local Health Department			**LBHA** formed as of FY2019 in the local health department: Howard County Health Department, 8930 Stanford Road, Columbia, MD 21046 (Dir: Roe Rodgers-Bonaccorsy)
Kent County		Regional Non-Profit	Local Health Department	**CSA** is a regional non-profit: Mid-Shore Behavioral Health, Inc., 28578 Mary's Ct, Ste 1, Easton, MD 21601 (Dir: Katie Dilley); **LAA** is in the local health department: Kent County Health Dept, 300 Scheeler Rd, P.O. Box 229, Chestertown, MD 21620 (Interim Dir: Jennifer McCready)
Montgomery County	County Agency			**LBHA** formed in FY2018 in a county agency: Department of Health & Human Services, 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850 (BH Planning and Mgmt, Interim Dir: Sara Rose)

	Local Behavioral Health Authority (LBHA)	Core Service Agency (CSA)	Local Addictions Authority (LAA)	Notes
Prince George's County	Local Health Department			**LBHA** formed in FY2018 in the local health department: Prince George's County Health Department Behavioral Health Services, Local Behavioral Health Authority, Dyer Regional Health Center, 9314 Piscataway Road, Clinton, MD 20735 (Dir: Imani Booker-Lewis)
Queen Anne's County		Regional Non-Profit	Local Health Department	**CSA** is a regional non-profit: Mid-Shore Behavioral Health, Inc., 28578 Mary's Court, Suite 1, Easton, MD 21601 (Dir: Katie Dilley); **LAA** is in the local health department: Queen Anne's Co. Health Dept, 205 North Liberty St., Centreville, MD 21617 (Dir: Edwin Gibbs)
Somerset County	Local Health Department			**LBHA** formed in FY2018 in the local health department: Somerset Core Service Agency, 8929 Sign Post Rd, Ste. 2, Westover, MD 21871 (Dir: Shannon Frey)
St. Mary's County	Local Health Department			**LBHA** formed in FY2018 in the local health department: St. Mary's County Health Department, 21580 Peabody St, P.O. Box 316, Leonardtown, MD 20650 (Behavioral Health Dir: Tammy Loewe)
Talbot County		Regional Non-Profit	Local Health Department	**CSA** is a regional non-profit: Mid-Shore Behavioral Health, Inc., 28578 Mary's Court, Suite 1, Easton, MD 21601 (Dir: Katie Dilley); **LAA** is in the local health department: Talbot County Health Department, 100 S Hanson Street Easton, MD 21601 (Dir: Sarah Cloxton)
Washington County		Non-Profit	Local Health Department	**CSA** is a non-profit: Washington Co Mental Health Authority, 1800 Dual Hwy, Ste. 301, Hagerstown, MD 21740 (Dir: Carrie Tressler); **LAA** is in the local health department: Washington Co. Health Dept, 925 N. Burhans Blvd., Hagerstown, MD 21742 (Dir: Victoria Sterling)
Wicomico County	Local Health Department			**LBHA** formed in FY2014 in the local health department: Wicomico Behavioral Health Authority, 108 East Main Street Salisbury, MD 21801 (Dir: Michelle Hardy)
Worcester County	Local Health Department			**LBHA** formed in FY2018 in the local health department: Worcester County Local Behavioral Health Authority, 6040 Public Landing (PO Box 249) Snow Hill, MD 21863 (Dir: Michael Trader)

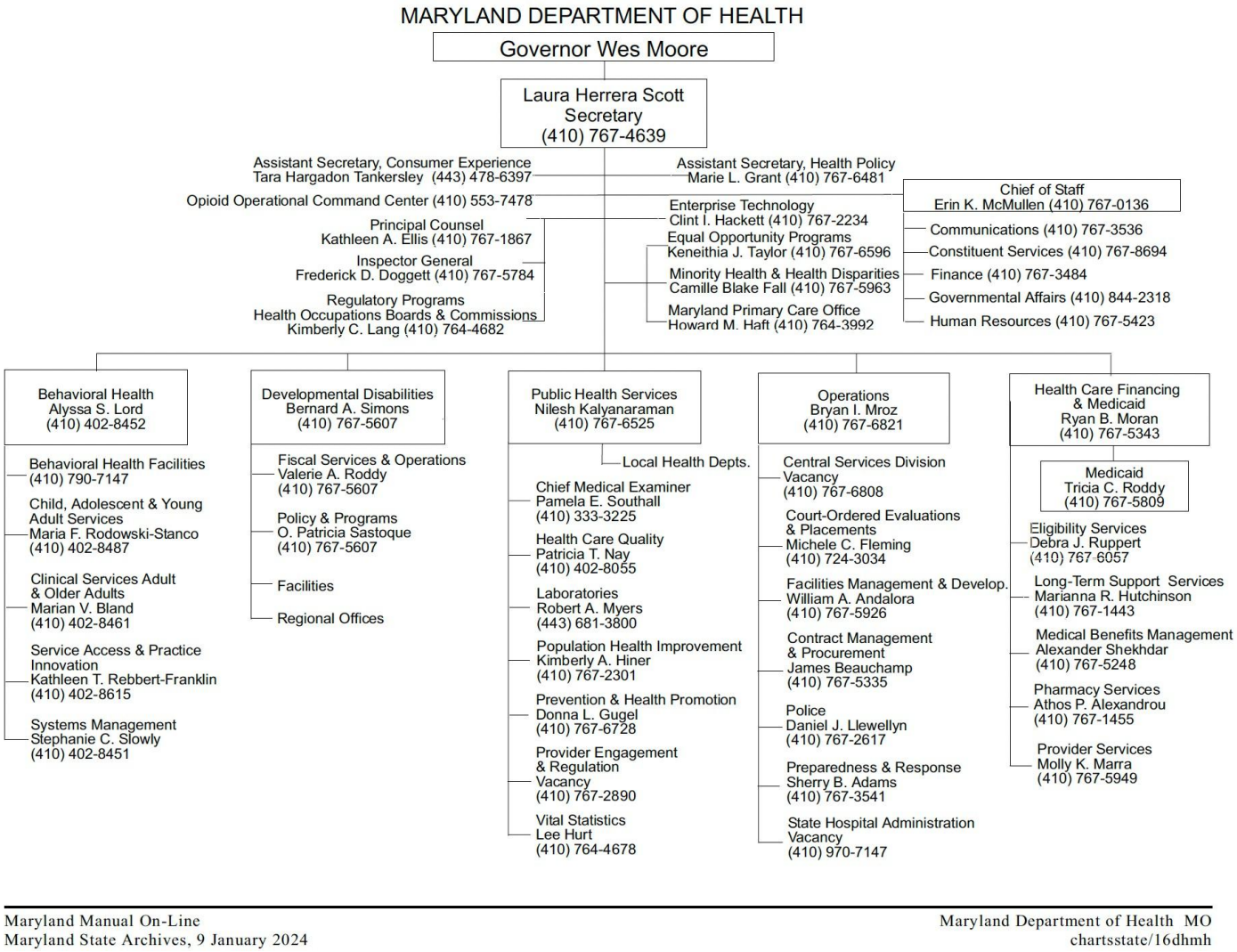
Attachment D: BHA Division or Unit Contact List (EXPANDED)

BHA Division or Unit	General Email Address
Comments on the System Manager Manual	PBHSystem.Manual@maryland.gov
COVID/ARPA Awards	bha.supplementalblockgrant@maryland.gov
Finance Division	mdh.bha_finance@maryland.gov
	bha-fiscal.invoices@maryland.gov
Regulations and Licensing	bha.COMARquestions@maryland.gov
Licensing Compliance	bha.licensing@maryland.gov
Compliance	bha.complianceaudits@maryland.gov
Planning	bha.planning@maryland.gov
Procurement	bha.procurement@maryland.gov
SOR III grant	mdh.soriiigrant@maryland.gov
Suicide Prevention	mdh.suicideprevention@maryland.gov mdh.mindhealth@maryland.gov
Buprenorphine	bha.buprenorphine@maryland.gov
State Care	scc.info@maryland.gov
Substance Use Block Grant (SABG) and/or Mental Health Block Grant (MHBG)	bha.regularblockgrant@maryland.gov
Overdose Fatality	mdh.ofr@maryland.gov
Maryland Community Criminal Justice Treatment Program (MCCJTP)	bha.mccjtp@maryland.gov

Attachment E: Behavioral Health Administration (BHA) Organizational Chart (UPDATED)



Attachment F: Maryland Department of Health (MDH) Organizational Chart (UPDATED)



Attachment G: Links to MDH Policies and Procedures (EXPANDED)

MDH Policies overall: https://health.maryland.gov/Pages/mdhpolicies.aspx

MDH Policy on Applied Visual Identity:
https://health.maryland.gov/bha/Documents/MDH%20Visual%20Identity.pdf

MDH Policy on Media Inquiry Management:
https://health.maryland.gov/Documents/01.04.04%20Media%20Inquiry%20Management%20Policy%20-%206-28-18.pdf

MDH Policy on Social Media:
https://health.maryland.gov/dhmh/01.04.02%20MDH%20Social%20Media%20Policy%20-%20090921.pdf