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PROPOSED REGULATION PUBLICATION FORMS

Title 10

MARYLAND DEPARTMENT OF HEALTH

Subtitle 63 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES

Authority: Health-General Article, §§7.5-204, 8-402, 8-404, [and] 10-901, *and 10-1401—1405* Annotated Code of Maryland

10.63.03 Descriptions and Criteria for Programs and Services Required to Have an Accreditation-Based License
Authority: Health-General Article, §§7.5-204, 8-402, 8-404, and 10-901, Annotated Code of Maryland

10.63.03.03 (June 6, 2024)
.03 Intensive Outpatient Treatment Level 2.1 Program.
A. *In order* **[**~~To~~**]** *to* be licensed under this subtitle, an intensive outpatient treatment level 2.1 program shall*:*

(1) Meet the requirements of this regulation, COMAR 10.63.01, COMAR 10.63.02, and COMAR 10.63.06;

(2) Meet the ASAM criteria for level 2.1 intensive outpatient services;

(3) **[**~~provide~~**]** *Provide* structured*, medically necessary and appropriate* outpatient substance-related disorder treatment based on a comprehensive assessment for:

[~~(1)~~**]***(a)* Individuals who meet the ASAM Criteria for level 2.1; and

[~~(2)~~**]***(b)* Adults, from 9 to 20 hours weekly, and individuals younger than 18 years old for 6 to 20 hours weekly.

~~[B. An intensive outpatient treatment level 2.1 program may provide the following services if the program's license specifically authorizes the services:¶~~

~~(1) A withdrawal management service as described in Regulation .18 of this chapter; and¶~~

~~(2) An opioid treatment service as described in Regulation .19 of this chapter.]~~

B. Program Services. A program shall:

(1) Complete an assessment for an individual within 1 week of admission;

(2) Within 5 working days of the comprehensive assessment, complete an individualized treatment plan with the individual and have the individualized treatment plan signed by the alcohol and drug counselor and the individual;

(3) Update the individualized treatment plan every 30 days;

(4) Provide case management services;

(5) Provide at least one group counseling session per week;

(6) Group counseling sessions shall consist of 15 individuals or less.

(7) Provide at least one individual session every 2 weeks; and

(8) Provide family services, which may include an assessment for family needs and, as clinically appropriate:

(a) Substance use disorder education; and

(b) Family counseling.

C. Staffing. A program shall employ the following required staff:

(1) Clinical Director.

(a) The clinical director shall be responsible for the operation of the program.

(b) The clinical director may not be employed across multiple sites within the organization if the clinical director is not able to perform the requirements of the clinical director position.

(c)The clinical director shall be licensed as a behavioral health professional at the independent practice level, and approved by the Board of Professional Counselors and Therapists as an addiction counselor supervisor.

(2) Clinical Staff.

(a) Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;

(b) Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance abuse treatment.

(c) Appropriately supervised as required by the appropriate clinical licensing board.

D. An intensive outpatient treatment level 2.1 program may provide the following services if the program's license specifically authorizes the services:

(1) A withdrawal management service as described in Regulation .18 of this chapter; and

(2) An opioid treatment service as described in Regulation .19 of this chapter.

10.63.03.04 (June 6, 2024)
.04 Mobile Treatment Services Program *(Assertive Community Treatment)*.
A. In order to be licensed under this subtitle, a mobile treatment services program shall:

(1) Meet the requirements of this regulation, COMAR 10.63.01, COMAR 10.63.02; and COMAR 10.63.06;

[~~A.~~**]** *(2)* Provide intensive, assertive outpatient mental health treatment and support services *delivered* by a multidisciplinary *treatment* team to an **[**~~individual who is homeless or is otherwise unwilling to access~~**]** *adult or a minor whose mental health treatment needs have not been met through* traditional outpatient **[**~~treatment services as follows~~:**]** *mental health programs;*

[~~(1) Flexibly in a community setting considered appropriate to the individual; and¶~~

~~(2) On an on-call basis, 24 hours per day, 7 days a week;~~**]**

(3) Ensure that services are provided flexibly and in the various community settings determined by the needs and preferences of the individual;

[~~B.~~**]** *(4)* Be designed to enable the individual to remain in the community, thus reducing admissions to emergency rooms, inpatient facilities, or detention facilities; and

[~~C.~~**]** *(5)* Provide discharge services, including developing a transition plan and arranging to initiate authorized services before the planned discharge, in collaboration with the individual, the treatment team, family members, and significant others who are designated by the individual, the CSA, LBHA, ASO and the designated transition service providers.

B. Program Services.

(1) The program shall provide comprehensive, medically necessary, and appropriate services that are sufficiently flexible to allow for the delivery of services in the setting and time that is appropriate for the individual's needs and preferences.

(2) Individual Assessment.

(a) The program shall complete the following individual assessments:

(i) In-person, comprehensive, clinical assessment by the program mobile treatment services mental health professional shall be conducted with the individual on the day of the initial referral assessment; admission; or within 48 hours of the admission date and updated prior to or in conjunction with the development of an individualized treatment plan and, at a minimum, every 6 months thereafter; and

(ii) In-person psychiatric evaluation by the program psychiatrist or licensed psychiatric nurse practitioner within 14 days of admission and at a minimum of every 3 months thereafter for treatment and medication management.

(b) Assessments shall be completed on a validated instrument approved by the Administration

that provides ratings, scores, and other information required by the Administration and is submitted to the Administration in the time and manner prescribed by the Administration.

(3) Person-Centered Assessment and Individual Treatment Plan. Before the 45th day after an individual is admitted to MTS, based on the clinical assessment and psychiatric evaluation under §B(2) of this regulation, the program shall prepare a person-centered assessment and individual treatment plan that shall be updated:

(a) In response to the individual's changing needs; and

(b) At a minimum, every 6 months thereafter.

(4) Services shall be provided by MTS staff who are available:

(a) As indicated in the screening assessment or the individual's ITP, to deliver services at a time and in a setting agreeable to the individual served; and

(b) On an on-call basis, 24 hours per day, 7 days per week.

(5) Discharge Services. When an individual is discharged from a program, the program shall:

(a) Consider unplanned discharge only after making at least four in-person outreach efforts to maintain treatment engagement over a period of 3 or more weeks;

(b) Develop a transition plan; and

(c) In collaboration with the individual, the treatment team, family members, and significant others who are designated by the individual, and the designated transition service providers, arrange to initiate authorized services before the planned discharge.

(6) Service Requirements. The program shall provide the following requirements including, but not limited to:

(a) Initial and continuing psychiatric evaluation, diagnosis, and individual treatment planning;

(b) Medication evaluation, administration, and management;

(c) Medication monitoring, including daily monitoring, as needed;

(d) Nursing assessments and interventions;

(e) Psychiatric rehabilitation, in vivo skills training of instrumental activities of daily living, and social skills training;

(f) Pre-tenancy supports and tenancy sustaining services;

(g) Health promotion, prevention, and education;

(h) Individual, group, and family counseling and psychotherapy;

(i) 24 hours a day, 7 days a week crisis assessment and intervention services, with capacity for:

(i) First-line crisis evaluation and response;

(ii) Service recipients to have direct on-call access to a member of the team, with minimum screening and triaging; and

(iii) In-person crisis response in home and community settings, when clinically indicated;

(j) Case management, care coordination, and advocacy;

(k) Public benefits and entitlements planning and education;

(l) Wellness management and recovery; and

(m) Assertive outreach and engagement.

(7) The program shall ensure that any healthcare services provided by the team through telehealth are provided by an individual who is a fully integrated member of the mobile treatment services team.

(8) The program shall designate the program director, psychiatrist, and licensed psychiatric nurse practitioner as required management staff and shall report management vacancies as required under COMAR 10.63.01.05.

(9) Only Department-approved ACT providers may bill for ACT rates and hold themselves out as

ACT providers.

C. Evidence-Based Program Assertive Community Treatment (EBP ACT) Provider Designation. Programs designated by the Administration as an EBP ACT provider at the team level shall:

(1) Meet the established EBP ACT fidelity standards adopted by the Administration;

(2) Execute a cooperative agreement with the Maryland State Department of Education Division of Rehabilitation Services (DORS) to provide employment services that are inclusive of the ACT team

(3) Maintain an executed cooperative agreement with DORS to be eligible to receive ACT authorization and reimbursement;

(4) Serve less than 120 participants, per team, on its active monthly census;

(5) Provide and maintain sufficient staffing to fulfill the following service requirements:

(a) Supported employment;

(b) Supported education;

(c) Peer support services;

(d) Integrated co-occurring disorder treatment;

(e) Family psychoeducation and

(f) Permanent supportive housing; and

(6) Notify the Administration within 14 days of identifying the issue that the program is no longer able to meet the established EBP ACT fidelity standards.

D. Eligibility. An individual is eligible for MTS if:

(1) Based on a screening assessment conducted according to the provisions of §B of this regulation, the individual would benefit from services that are:

(a) Directed at providing mental health treatment; and

(b) Available, by being delivered at a site that is accessible to an individual who:

(i) Is homeless;

(ii) For reasons related to mental illness, has been unable or unwilling to use, on a continuing basis, community-based mental health services that are prescribed for the individual;

(iii) Is in an institution or inpatient facility and would be able to reside in a community setting if the individual received MTS and other appropriate support services; and

(2) The individual is presenting an emerging risk to self, property, or others, as evidenced by:

(a) Frequent use of emergency rooms or crisis services for psychiatric reasons within the prior 12 months;

(b) A pattern of repeated psychiatric inpatient facility admissions or long-standing psychiatric hospitalizations within the prior twelve months; or

(c) A recent history of arrests for reasons associated with the individual's mental illness;

E. Required Staff.

(1) The program shall ensure that the required staff consists of a multidisciplinary team that includes:

(a) A full-time equivalent program director who is a licensed mental health professional operating at the independent level of practice and is dedicated exclusively to the team;

(b) A psychiatrist or licensed psychiatric nurse practitioner;

(c) A licensed registered nurse certified as RN-PMH-BC by the American Nurses Credentialing Organization;

(d) At least one licensed certified social worker-clinical or licensed clinical professional counselor, who may be the program director;

(e) At least one additional licensed mental health professional;

(g) At least one full-time equivalent staff member for every twelve individuals served on its active monthly census; and

(h) At the discretion of the program, a licensed occupational therapist.

(2) The program shall ensure that any health care service provided through telehealth is provided by an individual who is a fully integrated member of the mobile treatment services team.

(3) The program shall designate the program director and psychiatrist or licensed psychiatric nurse practitioner as required management staff that are subject to the reporting of vacancies requirements under COMAR 10.63.01.05.

10.63.03.05 (June 6, 2024)
.05 Outpatient Mental Health Center *(OMHC)*.

A. In order to be licensed under this subtitle, an outpatient mental health center shall:

(1) Demonstrate experience as an organization providing mental health services for a minimum of 1 year as:

(a) A group practice;

(b) A hospital-based mental health program offering psychiatric care and therapy,

(c) A program licensed under COMAR 10.63 to provide:

(i) Mobile treatment services;

(ii) Mental health residential crisis services; or

(d) Mental-health partial hospitalization program (MH-PHP) services;

[~~A.~~**]** *(2)* Provide regularly-scheduled outpatient mental health*, co-occurring mental health and addictive, or co-occurring mental health and substance-related disorder* treatment services in a community-based setting *that:*

(a) Is accessible during working hours;

(b) Has exclusively operated space needed to offer all required services on-site; and

(c) Assures confidentiality of records, waiting areas, and treatment;

[~~B.~~**]** *(3) Considering participant's preference,* **[**~~P~~*]p*rovide in-person and on-site if necessary, at a minimum:

(a) Individual, group, and family therapy;

(b) Crisis management; and

(c) **[**~~medication~~**]***Medication* management.

[~~C.~~**]** *(4)* Employ a medical director, who:

[(~~1~~)**]** *(a)* Is a psychiatrist *or CRNP-PMH*;

[~~(2) Has overall responsibility for clinical services; and~~**]**

(b) Is able to provide at least 20 hours per week either at the program site or through telehealth to perform the responsibilities of the medical director position;

(c) Is required to perform direct-care services;

(d) If employed full-time by the program, may also serve as program director; and

(e) Has overall responsibility for clinical services in the programs and sites in which they serve as medical director;

(f) Will establish and maintain appropriate standards for the diagnosis and treatment, including therapeutic modalities and prescribing practices for all staff;

(g) Will oversee medical aspects of quality management;

(h) Will ensure adequate physician coverage and clinical supervision of treatment staff;

(i) Is responsible for assuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services are conducted in compliance with State and federal regulations;

(j) If employed by more than one organization as a medical director, total combined hours

worked as a medical director or program director does not exceed 60 hours per week; and

(k) Shall be available for consultation during the normal operating hours of the program.

(5) Employ a programmatic lead for each licensed site who is a licensed mental health professional or has a master's degree in a related field as approved by the Department and is employed by the OMHC and is on-site in-person for at least 50 percent of the operating hours;

(6) Employ multidisciplinary clinical treatment staff, who:

(a) Shall be representatives of three different licensed mental health professions authorized to provide the services under Health Occupations Article, Annotated Code of Maryland as defined in this subtitle;

(b) Shall deliver services for at least 50 percent of the OMHC's regularly scheduled hours;

(c) Understands that hours dedicated to the site are inclusive of hours for the:

(i) Medical director, and

(ii) Program director if the program director is a qualified licensed mental health professional;

(7) Provide access to on-call telephone after-hours support by a licensed mental health professional who has access to the individual's medical record;

(8) Include the medical director and program lead as required management staff subject to requirements for reporting vacancies of required management staff under COMAR 10.63.01.05; and

(9) Assure equal access to individuals with psychiatric disabilities.

B. An OHMC may employ graduate-level interns who may deliver services if the program employs or contracts with an appropriate licensed mental health professional to provide supervision.

C. If serving adults and participating in the Public Behavioral Health System, an OMHC shall

ensure that eligible providers will participate and remain in good standing with Medicare;

D. An OMHC shall continually assess individuals for need and interest in supported employment and:

(1) Make referrals accordingly;

(2) With the consent of the individual, facilitate ongoing, effective, efficient communication between the treating clinician and the supported employment program staff for shared service recipients for the purpose to:

(a) Establish a working alliance in pursuit of the individual's goals for competitive employment; Coordinating and aligning care and interventions;

(b) Collectively support the individual in identifying and selecting employment options;

(3) Proactively address clinical issues and resolving behavioral health crises that may adversely impact employment retention;

(4) Ensure congruence of supported employment and treatment goals, interventions, activities, and plans; and

(5) Promote long-term career development and self-sufficiency.

E. Telehealth services shall be provided only with the documented informed consent of the individual served, and the individual shall have the choice to receive in-person services.

10.63.03.06 (June 6, 2024)
.06 Outpatient Treatment Level 1 *Substance Use Disorder Treatment* Program.

A. In order to be licensed under this subtitle, an outpatient treatment level 1 program shall provide outpatient substance-related disorder *or addictive disorder* treatment based on a comprehensive assessment *completed at admission*:

(1) For individuals who:

(a) Meet the ASAM Criteria for level 1;

(b) Have a physical and emotional status that allows the individual to function in the individual's usual environment; and

(2) For adults, require services for fewer than 9 hours weekly, or, for individuals younger than 18 years old, require services for fewer than 6 hours weekly.

B. An outpatient treatment level 1 program may provide the following services if the program's license specifically authorizes the services:

(1) A withdrawal management service as described in Regulation .18 of this chapter; and

(2) An opioid treatment service as described in Regulation .19 of this chapter.

C. An outpatient treatment level 1 program shall meet the current ASAM criteria for Level 1 outpatient services and staffing.

D. A program shall have a clinical supervisor who is:

(1) An employee of the agency;

(2) On-site 50 percent of the sites regular operating hours; and

(3) Approved by the Board of Professional Counselors and Therapists to supervise alcohol and drug counselors or trainees.

E. All staff providing alcohol or drug-related counseling shall, at a minimum be:

(1) Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;

(2) Approved by the Board of Professional Counselors and Therapists; or

(3) Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

F. The adult participant to alcohol and drug counselor ratio may not exceed 30 adult participants weekly to one full-time alcohol and drug counselor.

G. The child and adolescent participant to alcohol and drug counselor ratio may not exceed 25 participants weekly to one full-time alcohol and drug counselor.

H. Required management staff in this program, and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 include the Clinical Director.

10.63.03.07 (June 6, 2024)
.07 Partial Hospitalization Treatment Level [~~2.5~~] *Substance Use Disorder Treatment* Program *(SUD-PHP)*.
A. A partial hospitalization treatment level **[~~2.5~~]** program shall provide structured, *medically necessary and appropriate* outpatient substance-related disorder treatment based on a comprehensive assessment for:

(1) Individuals who meet the ASAM Criteria for *SUD-PHP* **[~~level 2.5;~~]** and

(2) From 20 to 35 hours weekly.

B. A partial-hospitalization treatment-level program shall provide case management and care coordination services.

[~~B.~~] *C.* A partial-hospitalization treatment-level **[~~2.5~~]** program may provide the following services if the program's license specifically authorizes the services:

(1) A withdrawal management service as described in Regulation .18 of this chapter; and

(2) An opioid treatment service as described in Regulation .19 of this chapter.

D. A partial hospitalization treatment level program shall meet the ASAM criteria for Partial Hospitalization Services.

E. A program shall have a full-time clinical director who shall be approved as a supervisor by the Board of Professional Counselors and Therapists to supervise alcohol and drug counselors or trainees.

F. All staff employed as alcohol and drug counselors shall, at a minimum be:

(1) Licensed or certified as an alcohol and drug counselors by the Board of Professional

Counselors and Therapists;

(2) Approved by the Board of Professional Counselors and Therapists; or

(3) Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment; and

(4) Properly supervised as mandated in the appropriate professional Board regulations.

G. The average participant to alcohol and drug counselor ratio may not exceed 15 participants to one full-time alcohol and drug counselor.

H. Required management staff in this program, and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 include the Clinical Director.

10.63.03.08 (June 6, 2024)

.08 **[**~~Psychiatric Day Treatment Program (PDTP)~~**]** *Mental Health - Partial Hospital Program (MH-PHP).*

A. In order to be licensed under this subtitle, a **[**~~psychiatric day treatment program (PDTP)~~**]** *mental health partial hospitalization program* shall:

[A.**]** *(1)* Provide short-term, intensive, day or evening mental health treatment and support services for individuals who do not require 24-hour care;

[B.**]** *(2)* Focus on the amelioration of an individual's acute psychiatric symptoms; and

[C.**]** *(3)* Be medically supervised and staffed by a multidisciplinary treatment team that includes, at a minimum:

[(1)**]** *(a)* A psychiatrist; and

[(2)**]** *(b)* A registered nurse.

B. Individuals shall receive program services on the program site.

C. Required management staff in this program, and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 include the psychiatrist.

Repeal 10.63.03.09 (June 6, 2024)
.09 Psychiatric Rehabilitation Program for Adults (PRP-A).

[In order to be licensed under this subtitle, a psychiatric rehabilitation program for adults (PRP-A) shall:

A. Provide community-based comprehensive rehabilitation and recovery services and supports, including, but not limited to:

(1) Community living skills;

(2) Activities of daily living; and

(3) Family and peer support;

B. Promote successful community integration and use of community resources;

C. Be under the direction of a rehabilitation specialist who is:

(1) A licensed mental health professional;

(2) Certified by the Commission on Rehabilitation Counselor Certification; or

(3) Certified by the Psychiatric Rehabilitation Association; and

D. Employ the rehabilitation specialist in §C of this regulation:

(1) At least 20 hours per week when the program serves less than 30 individuals; or

(2) 40 hours per week when the program serves 30 individuals or more.**]**

10.63.03.09 (new)
.09 Psychiatric Rehabilitation Program for Adults (PRP-A).

A. In order to be licensed under this subtitle, a psychiatric rehabilitation program for adults (PRP) shall:

(1) Provide individualized, community-based comprehensive rehabilitation and recovery-oriented services and supports, including, but not limited to:

(a) Community integration skills training;

(b) Instrumental activities of daily living skills training;

(c) Social skills training; and

(d) Wellness management and recovery support;

(2) Be designed for the maximum reduction of mental disability and restoration of an adult in the priority population to the best possible functional level pursuant to §1905(a)(13) of the Social Security Act

(3) Incorporate deliberate and consistent skills training that, at a minimum, includes the following:

(a) Instruction and explanation;

(b) Skill demonstration and modeling;

(c) Roleplay, guided practice, and skill rehearsal;

(d) Specific corrective feedback and positive reinforcement;

(e) In-vivo skills training; and

(f) Ongoing prompting and cueing of learned skills to reinforce overlearning and promote skill generalization and maintenance;

(4) Provide individualized, medically necessary and appropriate PRP-A services in the setting and time clinically needed, including evenings and weekends, based on:

(a) A clinical assessment and referral from a licensed mental health professional with whom the individual is in active treatment and who does not work in or receive remuneration in any form from the PRP;

(b) Clinical reassessment and certification at minimum every 6 months of the ongoing need for services by a licensed mental health professional with whom the individual is in active treatment in a format approved by the Administration, or ongoing documented evidence of treatment

coordination between the licensed mental health professional and the PRP;

(c) An individualized functional assessment of each individual on the instrument established by the Administration and submitted to the Administration including item ratings, scores, and other requested information in the time and manner prescribed by the Administration;

(d) A comprehensive rehabilitation assessment and individualized rehabilitation plan, which shall be completed, in collaboration with the individual served, within the later of ten visits, or 30 days of admission;

(e) Updated rehabilitation plans, completed in collaboration with the individual served, at minimum every 6 months.

(5) Promote successful community integration through the use and maximization of natural and community resources and supports;

(6) Provide case management and care coordination services.

B. A PRP-A shall continually assess individuals for need and interest in supported employment and:

(1) Make referrals accordingly;

(2) With the consent of the individual, facilitate ongoing, effective, efficient communication between the treating clinician and the supported employment program staff for shared service recipients for the purpose of:

(a) Establish a working alliance in pursuit of the individual's goals for competitive employment;

(b) Coordinating and aligning care and interventions;

(c) Collectively supporting the individual in identifying and selecting employment options;

(d) Proactively addressing clinical issues and resolving behavioral health crises that may adversely impact employment retention;

(e) Ensuring congruence of supported employment and rehabilitation goals, interventions, activities, and plans;

(f) Promoting long-term career development and self-sufficiency.

C. Each licensed program site shall be under the clinical direction of a rehabilitation specialist who:

(1) Has responsibility for oversight of all rehabilitation services provided:

(2) Is an employee of the program and not a self-employed independent contractor;

(3) Has a minimum of two years of direct care experience working with adults that have a serious mental disorder;

(4) Is licensed under the Health Occupations Act or certified as one of the following:

(a) A licensed mental health professional certified at the independent practice level;

(b) A licensed mental health professional certified at the graduate level, receiving formal, documented supervision, in accordance with licensing board requirements, by a licensed mental health professional who is an employee of, or formally contracted to, the program;

(c) A licensed occupational therapist;

(d) A registered nurse with a BSN and holds a psychiatric mental health nursing certification from the American Nurses Credentialing Center;

(e) A Master's prepared rehabilitation counselor and is certified in the practice of rehabilitation counseling by the Commission on Rehabilitation Counselor Certification; or

(f) A graduate of an accredited bachelor's degree program and is certified in the practice of psychiatric rehabilitation by the Psychiatric Rehabilitation Association (CPRP).

D. Require the rehabilitation specialist in this regulation to be immediately available in person to both staff and individuals served during the regular operating hours of the program:

(1) At least 20 hours per week when the program serves less than 30 individuals on its active monthly census of adults; or

(2) 40 hours per week when the program serves 30 individuals or more on its active monthly census.

E. Have a rehabilitation specialist that:

(1) Shall be limited to working in the Rehabilitation Specialist role for a maximum of 40 regularly scheduled hours totaled across all organizations in which the individual is employed;

(2) May not be the primary treating therapist for any participant in the program; and

(3) Shall maintain responsibility for ensuring the quality of clinical care provided and compliance with applicable regulatory and accreditation standards.

F. For programs licensed prior to the adoption of these regulations with a rehabilitation specialist serving multiple sites, they shall have until 1 year from the effective date of these regulations to come into compliance with the condition that the rehab specialist is required for each site.

G. Maintain records of time and hours worked for the rehabilitation specialist and all staff providing direct care.

H. The licensed service site, shall be open and accessible to participants in each LBHA jurisdiction:

(1) In which the provider renders services, or

(2) From which the provider draws 20 or more individuals on its active monthly caseload.

I. The licensed service site in each jurisdiction described in this chapter shall:

(1) Include confidential space for interviewing individuals served which is not shared with outside parties;

(2) Have secure, exclusive held, locked storage for documentation;

(3) Not be a residence; and

(4) Have the capacity to provide on-site services to the individuals served.

J. The following restrictions on provision of services via telehealth apply:

(1) Group PRP services shall be delivered in-person, not by telehealth;

(2) Group off-site PRP services provided in RRP residences to more than eight individuals shall be delivered in person, not by telehealth; and

(3) Not more than 50 percent of any participant client's PRP services shall be provided via telehealth.

K. Direct Care staff shall, within 90 days of employment, receive documented training approved by the Department in the following areas:

(1) Orientation to Psychiatric Rehabilitation;

(2) Mental Health First Aid or similar program;

(3) Person-centered care planning;

(4) Ethics and Boundaries; and

(5) Sexual abuse awareness and prevention, updated annually, as set forth in COMAR 10.01.18.

L. All PRP Programs shall ensure that the following is maintained with regard to direct care staff:

(1) All staff shall receive regular documented in-person supervision;

(2) There shall be at least one person qualified as a rehabilitation specialist for every 15 direct care staff, excluding the rehabilitation specialist, interns, consultants and volunteers;and

(3) There shall be at least one direct care staff full-time equivalent, excluding the rehabilitation specialist, interns, consultants and volunteers, for every20 individuals on the active monthly

census.

M. Required management staff in this program, as defined in COMAR 10.63.01 and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 includes the rehabilitation specialist.

Repeal 10.63.03.10 (June 6, 2024)
.10 Psychiatric Rehabilitation Program for Minors (PRP-M).

~~[A. In order to be licensed under this subtitle, a psychiatric rehabilitation program for minors (PRP-M) shall provide community-based comprehensive rehabilitation services and supports designed to:¶~~

~~(1) Promote resiliency; and¶~~

~~(2) Facilitate the development or restoration of appropriate skills in an individual younger than 18 years old including but not limited to:¶~~

~~(a) Self-care skills;¶~~

~~(b) Social, peer, family, and teacher interactions; and¶~~

~~(c) Semi-independent living skills; and¶~~

~~(3) Promote successful integration into the community and the use of community resources.¶~~

~~B. The program shall be under the direction of a rehabilitation specialist who has a minimum of 2 years direct care experience working with youth with a serious emotional disorder and who is:¶~~

~~(1) A licensed mental health professional; or¶~~

~~(2) Certified by the Psychiatric Rehabilitation Association and has obtained the Psychiatric Rehabilitation Association Children's Psychiatric Rehabilitation Certificate.¶~~

~~C. The PRP-M shall employ the rehabilitation specialist in §B of this regulation for:¶~~

~~(1) At least 20 hours per week when the program serves less than 30 individuals; or¶~~

~~(2) At least 40 hours per week when the program serves 30 individuals or more.]~~

10.63.03.10 (new)

.10 Psychiatric Rehabilitation Program for Minors (PRP-M).

A. In order to be licensed under this subtitle, a psychiatric rehabilitation program for minors (PRP-M) shall:

(1) Provide community-based comprehensive rehabilitation services and supports designed to:

(a) Promote resiliency including the skills and needed mind-set to restore a marked sense of health and well-being; and

(b) Facilitate the development or restoration of appropriate skills in an individual younger than 18 years old including but not limited to:

(i) Self-care skills, social, peer, family and teacher interactive engagement;

(ii) Promoting pro-social and regulatory skills for improving social, peer, family, and teacher interactive engagement;

(iii) Semi-independent living skills that are age appropriate, and enhance the minor's ability to accomplish activities of daily living and maintaining safety;

(iv) Promoting meaningful opportunities for community access and integration, including developing natural supports and interests,

(v) Community living skills; promoting resiliency, including the skills and needed mind-set to restore a marked sense of health and well-being; and

(c) Educate and support parents or guardians regarding the minor's required services and supports;

(2) Provide medically necessary and appropriate services based on:

(a) A clinical assessment and referral from a licensed mental health professional with whom the individual is in active treatment and who does not work in or receive remuneration in any form

from the PRP;

(b) Clinical reassessment and certification of the ongoing need for services by a licensed mental health professional with whom the individual is in active treatment at minimum every six months in a format approved by the Administration, or ongoing documented evidence of treatment coordination between the licensed mental health professional and the PRP;

(c) A functional assessment of each individual on the instrument established by the Administration and submitted to the Administration including item ratings, scores, and other requested information in the time and manner prescribed by the Administration;

(d) A comprehensive Rehabilitation Assessment and Individualized Rehabilitation plan, which shall be completed, in collaboration with the individual served, within the later of ten visits, or 30 days of admission; and

(e) Updated rehabilitation plans, completed in collaboration with the individual served and appropriate guardian, at minimum every six months;

(3) Promote successful community integration and the use of community resources.

B. Each licensed program site shall be under the clinical direction of a rehabilitation specialist who:

(1) Has responsibility for oversight of all rehabilitation services provided;

(2) Has a minimum of two years direct care experience working with youth with a serious emotional disorder;

(3) Is licensed under the Health Occupations Article, Annotated Code of Maryland as one of the following:

(a) A licensed mental health professional certified at the independent practice level;

(b) A licensed mental health professional certified at the graduate level, receiving formal,

documented supervision in accordance with licensing board requirements, by a licensed mental health professional, who is an employee of, or formally contracted to, the program;

(c) A Licensed Occupational Therapist;

(d) A registered nurse with a BSN who holds a psychiatric mental health nursing certification from the American Nurses Credentialing Center;

(e) A Master's prepared rehabilitation counselor certified in the practice of rehabilitation counseling by the Commission on Rehabilitation Counselor Certification; or

(f) A graduate of an accredited bachelor's program certified by the Psychiatric Rehabilitation Association as a Child and Family Resiliency Practitioner (CFRP).

C. Require the rehabilitation specialist of this regulation to be immediately available in person to staff, individuals served and their guardians during the regular working hours the program provides routine services and the majority of its rehabilitation staff are working:

(1) At least 20 hours per week, when the program serves less than 30 individuals on its active monthly caseload of minors; or

(2) 40 hours per week when the program serves 30 individuals or more on its active monthly caseload of minors.

D. Employ an additional individual who has the credentials required of a rehabilitation specialist for at least 20 hours for each additional 30 individuals served beyond the initial 30 individuals.

E. The rehabilitation specialist:

(1) Shall be limited to working in the rehabilitation specialist role for a maximum of 40 regularly scheduled hours totaled across all organizations in which the individual is employed;

(2) May not be the primary treating therapist for any participant in the program; and

(3) Shall maintain responsibility for ensuring the quality of clinical care provided and compliance with applicable regulatory and accreditation standards.

F. Any program licensed prior to the adoption of these regulations with a rehabilitation specialist serving multiple sites shall have until 1 year from the effective date of these regulations to come into compliance with the condition that the rehabilitation specialist is required for each site.

G. Direct Care Staff. The program shall ensure the following:

(1) All staff shall receive regular documented in-person supervision;

(2) There shall be at least one person qualified as a rehabilitation specialist for every 15 direct care staff, excluding the interns, consultants and volunteers;

(3) There shall be at least one direct care staff full-time equivalent, excluding interns, consultants and volunteers, for every 20 individuals on the active monthly census.

H. The program shall maintain records of time and hours worked for the rehabilitation specialist and all staff providing direct care.

I. The program shall maintain a licensed service site, which is open and accessible to the public in each LBHA jurisdiction:

(1) In which the provider renders services, or

(2) From which the provider draws 20 or more individuals on its active monthly caseload.

J. The licensed service site in each jurisdiction shall:

(1) Include confidential space for interviewing individuals served which is not shared with outside parties;

(2) Have secure, exclusively held, locked storage for documentation;

(3) Not be a residence; and

(4) Have the capacity to provide on-site services to the individuals served.

K. The following restrictions on provision of services via telehealth apply:

(1) Group PRP services are on-site services, regardless of where they are provided.

(2) Group PRP services shall be delivered in-person, not by telehealth; and

(3) Not more than 50 percent of any participant client's PRP services may be provided via telehealth.

L. The program shall ensure that all direct staff receives documented training approved by the Department within 90 days of hire, in:

(1) Orientation to Psychiatric Rehabilitation;

(2) Mental Health First Aid or similar programs; and

(3) Orientation training required by accreditation organizations.

M. Minors referred to PRP-M shall have written informed consent from an authorized parent or guardian documenting that they have been informed that:

(1) PRP is not a treatment, social or mentoring program;

(2) PRP services are only available to individuals who have a mental health diagnoses and are at risk of needing higher levels of care; and

(3) The program will bill Medical Assistance to cover the cost of services provided.

N. If children under the age of 16 are not directly under parental or guardian supervision, at least one person on the program site shall meet the requirements for childcare teachers in school-age centers in 13A.16.06.10.

O. Required management staff in this program, as defined in this regulation COMAR 10.63.01 and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 includes the rehabilitation specialist.

Repeal 10.63.03.11—10.63.03.14. Move to COMAR 10.63.04 Additional Requirements for Accreditation-Based Licenses for Specific Residential Community-Based Behavioral

[Repeal **10.63.03.11 (June 6, 2024)**
.11 Residential-Low Intensity Level 3.1 Program.¶

A. In order to be licensed under this subtitle, a residential-low intensity level 3.1 program shall provide clinically-managed, low intensity, substance-related disorder treatment in large and small halfway houses, as defined in Health-General Article, §8-101, Annotated Code of Maryland, to individuals who:¶

(1) Meet the ASAM Criteria for level 3.1; and¶

(2) Are capable of self-care but are not ready to return to family or independent living.¶

B. Services shall be:¶

(1) Provided for a minimum of 5 hours per week; and¶

(2) Directed toward:¶

(a) Preventing relapse;¶

(b) Applying recovery skills; and¶

(c) Reintegrating into the community.¶

C. A residential-low intensity level 3.1 program may provide the following services if the program's license specifically authorizes the services:¶

(1) A withdrawal management service as described in Regulation .18 of this chapter; and¶

(2) An opioid treatment service as described in Regulation .19 of this chapter.¶

10.63.03.12 (June 6, 2024)¶
.12 Residential-Medium Intensity Level 3.3 Program.¶

A. In order to be licensed under this subtitle, a residential-medium intensity level 3.3 program shall provide clinically-managed, medium intensity, substance-related disorder treatment based on a comprehensive assessment:¶

(1) In a structured environment in combination with medium-intensity treatment and ancillary services to support and promote recovery;¶

(2) From 20 to 35 hours weekly; and¶

(3) To individuals who:¶

(a) Meet the ASAM Criteria for level 3.3;¶

(b) Are chronic alcohol- or other drug-dependent;¶

(c) Do not need skilled nursing care;¶

(d) May have a history of multiple admissions to substance related disorder programs described in this chapter;¶

(e) May have physical or mental disabilities resulting from a prolonged substance-related disorder; and¶

(f) Have been identified as requiring a controlled environment and supportive therapy for an indefinite period of time.¶

B. A residential-medium intensity level 3.3 program may provide the following services if the program's license specifically authorizes the services:¶

(1) A withdrawal management service as described in Regulation .18 of this chapter; and¶

(2) An opioid treatment service as described in Regulation .19 of this chapter.¶

10.63.03.13 (June 6, 2024)¶
.13 Residential-High Intensity Level 3.5 Program.¶

A. In order to be licensed under this subtitle, a residential-high intensity level 3.5 program shall provide clinically-managed, high-intensity, substance-related disorder treatment services based on a comprehensive assessment:¶

(1) In a highly-structured environment, in combination with moderate- to high-intensity treatment and ancillary services to support and promote recovery;¶

(2) For a minimum of 36 hours of therapeutic activities a week;¶

(3) That are characterized by reliance on the treatment community as a therapeutic agent; and¶

(4) To individuals who meet the ASAM Criteria for level 3.5.¶

B. A residential-high intensity level 3.5 program may provide the following services if the program's license specifically authorizes the services:¶

(1) A withdrawal management service as described in Regulation .18 of this chapter; and¶

(2) An opioid treatment service as described in Regulation .19 of this chapter.¶

10.63.03.14 (June 6, 2024)¶
.14 Residential-Intensive Level 3.7 Program.¶

A. In order to be licensed under this subtitle, a residential-intensive level 3.7 program shall provide medically-monitored, intensive substance-related disorder treatment based on a comprehensive assessment:¶

(1) To individuals who meet the ASAM Criteria for level 3.7;¶

(2) For a minimum of 36 hours of therapeutic activities a week;¶

(3) On a planned regimen of 24-hour evaluation, care, and treatment in a residential setting;¶

(4) In an Intermediate Care Facility Type C/D; and¶

(5) While meeting the requirements for withdrawal management services as outlined in Regulation .18 of this chapter.¶

B. If the program's license specifically authorizes the service, a residential-intensive level 3.7 program may provide an opioid treatment service as described in Regulation .19 of this chapter.¶

C. A residential-intensive level 3.7 program shall employ a physician, nurse practitioner, or physician assistant who:¶

(1) Assesses each patient in person within 24 hours of admission or earlier, if medically necessary;¶

~~(2) Assesses each patient thereafter, as medically necessary; and¶~~

~~(3) Is available to provide on-site monitoring of care and further evaluation on a daily basis.~~**]**

10.63.03.15 (June 6, 2024)
[.15] ***(.11)*** **Respite Care Services Program (RPCS).**

In order to be licensed under this subtitle, a respite care services (RPCS) program:

A. *For individuals 18 years old or older who are not a youth in care of the State s*~~S~~hall:

(1) Be licensed as an OMHC or a PRP-A under this subtitle;

(2) **[**~~-~~provide**]** *Provide* ~~s~~*medically necessary* ~~hort-term~~short-term, **[**in**]** *out-of-*home*,* **[**or**]** overnight *respite care services in a home or facility that is appropriately licensed, registered, or approved to an adult with a mental illness who lives independently, with family, in a family-like setting, or in a residential rehabilitation program licensed under this subtitle;*

[~~temporary services to support an individual to remain in the individual's home:¶~~

~~(1) Through enhanced support or a temporary alternate living arrangement; or¶~~

~~(2) By temporarily freeing the caregiver from the responsibility of caring for the individual; and~~]

(3) Be designed to support an individual to remain in the individual's home by:

(a) Providing the individual with a temporary alternative living situation; or

(b) Assisting the individual's home caregiver by temporarily freeing the caregiver from the responsibility of caring for the individual; and

(c) Providing the individual with 24 hours a-day, seven-days-a-week wellness management and recovery support services that are individually determined based on:

(i) An assessment of the individual's and, as applicable, the caregiver's strengths and needs;

(ii) Interventions needed by the individual during respite;

(4) Formulate an initial plan for respite care services based on the assessment conducted under §A(3)(c)(i) and (ii) of this regulation that includes the:

(a) Schedule for providing respite care;

(b) Location;

(c) Frequency, intensity, and duration of staff support;

(d) Schedule of the individual's activities during respite;

(e) Needed interventions to facilitate the individual's remaining in or returning to the customary living situation; and

(f) When needed, medication monitoring;

(5) In order to ensure continuity of care, document information regarding, at a minimum, the individual's participation in:

(a) Outpatient mental health treatment;

(b) PRP-A;

(c) School; or

(d) Employment;

(6) Maintain sufficient staffing, 24 hours a day, seven days a week. to fulfill the full scope of service requirements of this regulation and to provide medication monitoring at the frequency needed to support recovery, to include, at a minimum:

(a) A program director who:

(i) May also be the OMHC Director; or

(ii.) Is an individual who meets the qualifications for a Rehabilitation Specialist under this subtitle;

(b) Respite care specialists who, before providing services, have training applicable to the service, including, at a minimum, training in:

(i.) Mental illness first aid or equivalent training;

(ii.) Crisis intervention; and

(iii.) Wellness management and recovery.

B. For individuals younger than 21 years old, may offer overnight respite in an appropriately licensed program or [therapeutic] *treatment foster care home.*

C. Respite Care cannot be provided via telehealth services.

¶

~~***10.63.03.14 (New)***¶~~

~~**.14 Respite Care Services Program (RPCS).**¶~~

~~*In order to be licensed under this subtitle, a respite care services (RPCS) program:*¶~~

~~*A. For individuals 18 years old or older who are not a youth in care of the State;* ¶~~

~~*(1) Be licensed as an OMHC or a PRP-A under this subtitle;*¶~~

~~*(2) Provide medically necessary, short-term, out-of-home, overnight respite care services in a home or facility that is appropriately licensed, registered, or approved to an adult with a mental illness who lives independently, with family, in a family-like setting, or in a residential rehabilitation program licensed under this subtitle;*¶~~

~~*(3) Be designed to support an individual to remain in the individual's home by:* ¶~~

~~*(a) Providing the individual with a temporary alternative living situation; or*¶~~

~~*(b) Assisting the individual's home caregiver by temporarily freeing the caregiver from the responsibility of caring for the individual; and*¶~~

~~*(c) Providing the individual with 24 hours a day, seven days a week wellness management and recovery support services that are individually determined based on:*¶~~

~~*(i) An assessment of the individual's and, as applicable, the caregiver's strengths and needs;*¶~~

~~*(ii) Interventions needed by the individual during respite;*¶~~

~~*(4) Formulate an initial plan for respite care services based on the assessment conducted under §A(3)(c)(i) and (ii) of this regulation that includes the:*~~ ¶

~~*(a) Schedule for providing respite care;*~~ ¶

~~*(b) Location;*~~ ¶

~~*(c) Frequency, intensity, and duration of staff support;*~~ ¶

~~*(d) Schedule of the individual's activities during respite;*~~ ¶

~~*(e) Needed interventions to facilitate the individual's remaining in or returning to the customary living situation; and*~~¶

~~*(f) When needed, medication monitoring;*~~¶

~~*(5) In order to ensure continuity of care, document information regarding, at a minimum, the individual's participation in:*~~ ¶

~~*(a) Outpatient mental health treatment;*~~ ¶

~~*(b) PRP-A;*~~¶

~~*(c) School; or*~~¶

~~*(d) Employment;*~~ ¶

~~*(6) Maintain sufficient staffing, 24 hours a day, seven days a week, to fulfill the full scope of service requirements of this regulation and to provide medication monitoring at the frequency needed to support recovery, to include, at a minimum:*~~¶

~~*(a) A program director who:*~~¶

~~*(i) May also be the OMHC Director; or*~~¶

~~*(ii.) Is an individual who meets the qualifications for a Rehabilitation Specialist under this subtitle;*~~¶

~~*(b) Respite care specialists who, before providing services, have training applicable to the*~~

~~*service, including, at a minimum, training in:* ¶~~

~~*(i.) Mental illness first aid or equivalent training;* ¶~~

~~*(ii.) Crisis intervention; and*¶~~

~~*(iii.) Wellness management and recovery.* ¶~~

~~*B. For individuals younger than 21 years old, may offer overnight respite in an appropriately licensed program or treatment foster care home.*¶~~

~~*C. Respite Care cannot be provided via telehealth services.*¶~~

[10.63.03.16~~.~~] *10.63.03.12~~5~~*. (June 7~~April 1~~, 2024)

[.16] *.12~~5~~* Supported Employment Program (SEP)

In order to be licensed under this subtitle, a supported employment program (SEP) shall:

A. Provide **[**services designed**]** *pre-placement, job development, job placement, intensive job coaching, and ongoing employment support services that are:*

(1) Designed to assist an individual to choose, obtain, and maintain competitive integrated employment; **[**~~and~~¶

~~B. Assist an individual to obtain competitive employment in an integrated work environment that provides:¶~~

~~(1) Compensation of at least minimum wage;¶~~

~~(2) An individualized approach that establishes an hours-per-week employment goal to maximize an individual's vocational potential; and¶~~

~~(3) Additional supports, as needed, delivered where appropriate.~~**]**

(2) Based on:

(a) A comprehensive, person- centered, work-based assessment of the individual's employment interests, preferences, functional skills, resources, and functional needs completed prior to or in

conjunction with the development of an individualized supported employment plan and updated on an ongoing basis thereafter in response to the individual's changing needs and employment status, including but not limited to job acquisition, job loss, change in position, or career advancement and, at a minimum once every six months; and

(b) Consistent with an individualized supported employment plan derived from the assessments conducted under §A(2) of this regulation that is completed within 30 calendar days of admission and updated in response to the individual's changing needs, and employment status, including but not limited to job acquisition, job loss, change in position, or career advancement and, at a minimum once every six months;

(3) If disability disclosure has occurred, include a minimum of one monthly contact with the employer.

B. Establish and maintain an active and fully executed cooperative agreement with DORS for the provision of supported employment services in order to be eligible for supported employment authorization and reimbursement.

C. Establish, in collaboration with the individual, an individualized hours-per-week employment goal to maximize an individual's economic self-sufficiency.

D. Not procure or support any agency-sponsored employment.

E. Employ a program director who:

(1) At minimum, is a graduate of an accredited bachelor's degree program;

(2) Is available to provide supported employment program administration and staff supervision;

(3) May also serve as an employment specialist;

(4) Is qualified to be a rehabilitation specialist under Regulation .09C of this chapter; or

(5) Is certified as an Individual Placement and Support (IPS) practitioner by the IPS

Employment Center; or

(6) Is certified as an Employment Support Professional by the Association of People Supporting Employment First (APSE).

F. Employ one full-time employment specialist to provide services under §A of this regulation for every 20 individuals on the program's active caseload.

G. Ensure that each employment specialist receives at least six contact hours per year of training approved by the Administration on benefits counseling and work incentives.

H. Establish and maintain a cooperative agreement with the DORS for the provision of supported employment services prior to the provision of any services under §A of this regulation.

I. Be licensed as a Psychiatric Rehabilitation Program for Adults under this subtitle.

J. Required management staff in this program, as defined in this regulation COMAR 10.63.01 and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 include the program director.

K. If designated by the Administration as an evidence-based practice supported employment provider, at the team level:

(1) Continue to meet, at the team level, the established EBP SE fidelity standards adopted by the Administration in order for the team to retain the EBP SE designation;

(2) Notify the Administration within 14 days in the event that the designated EBP SE team is no longer, for any reason, able to meet the established EBP SE fidelity standards adopted by the Administration; and

(3) Provide clinical coordination services.

L. Employment specialists shall, within 90 days of employment, receive documented training approved by the Department in the following areas:

(1) Orientation to Supported Employment;

(2) Mental Health First Aid or similar program;

(3) Person-centered care planning;

(4) Ethics and Boundaries; and

(5) Sexual awareness and prevention, updated annually, as set forth in COMAR 10.01.18 .

10.63.03.13 (New)
.13 Permanent Supportive Housing Program

In order to be licensed under this subtitle, a behavioral health permanent supportive housing program shall:

A. Provide permanent supportive housing development and comprehensive, individualized pre-tenancy supports, and tenancy-sustaining services to an adult with a serious mental illness who is eligible for publicly-funded rental assistance and is:

(1) Transitioning from a state psychiatric facility, a nursing home, or an assisted living facility; or

(2) Transitioning from a Residential Rehabilitation residence; or

(3) Unstably housed; and

(4) A frequent utilizer of emergency rooms or crisis services for psychiatric reasons.

B. Be designed to promote housing stability and long-term community residency.

C. Continue to provide individualized, medically necessary services and supports as needed to adults who met eligibility criteria at enrollment in order to achieve and maintain housing stability.

D. Provide education and training to participants on tenants' and landlords' role, rights, and responsibilities.

E. Provide a comprehensive array of voluntary pre-tenancy supports, and tenancy sustaining

services that are sufficiently flexible to allow for the delivery of services on the informed choice of the individual as determined by:

(1) A person-centered assessment that identifies the participant's preferences as to type of housing, location, housemates, or other preferences;

(2) A functional assessment of the individual's ability and any specific barriers that impair the individual's ability to fulfill the role of tenant;

(3) An individualized housing support plan based on §H of this regulation that is completed within 30 calendar days of admission and updated in response to the individual's changing needs, at a minimum, every six months thereafter, including:

(a) Supporting the participant in maintaining all applicable public benefits, entitlements, rental subsidies, Housing Choice Vouchers, and other types of housing financial assistance; and

(b) assisting with any redetermination or renewal.

F. Permanent supportive housing shall meet the following evidence-based criteria:

(1) The tenant pays no more than 30% of their adjusted gross income toward rent and utilities;

(2) Housing meets Housing Quality Standards established by the U.S. Department of Housing and Community Development;

(3) Housing is integrated within a residential neighborhood;

(4) Tenants have the opportunity to interact with neighbors who do not have psychiatric disabilities;

(5) Fewer than 25% of the housing units have been reserved or set aside for individuals with disabilities or other barriers to housing stability, except for single-family dwellings and residences in HUD Section 811 Projects

(6) The tenant holds a lease or sublease identical to mainstream housing leases with no limits on

length of tenancy, as long as lease terms and conditions are met;

(7) Tenancy is not conditioned on program or treatment participation;

(8) A clear and distinct separation of property management and the provision of tenancy support services exists; and

(9) The privacy of the unit remains within the tenant's control.

G. Engage in early identification of behaviors that may jeopardize housing and proactively intervene to prevent eviction identification and intervention for behaviors that may jeopardize housing.

H. Develop an individualized crisis plan that includes prevention and early intervention services when housing may be jeopardized.

I. Collaborate with the LBHA, the local Continuum of Care, and the local Public Housing Authority in developing plans for affordable, accessible housing in the community and in establishing priorities by which financial resources are made available for permanent supportive housing.

J. Seek to develop financial resources to assist an individual temporarily in such circumstances as an individual's hospitalization or loss of job, benefits, or roommate.

K. Include case management, care coordination, in vivo skills training of instrumental activities of daily living, and social skills training.

L. Maintain sufficient staffing to fulfill the full scope of service requirements of this regulation and to provide medication monitoring at the frequency needed to support recovery and promote housing stability.

M. If reliant on PBHS funding, this shall be pre-approved by BHA.

[10.63.03.17] ***10.63.03.146 (June 7, 2024~~April 1, 2024~~)***

[.17].14~~6~~ Substance-Related Disorder Treatment Program in Correctional Facilities.

A substance-related disorder treatment program located in a State or local correctional facility requires a license under this chapter in order to operate.

[10.63.03.18] ***10.63.03.15~~7~~ (June 7~~April 1~~, 2024)***

[.18].15~~7~~ Withdrawal Management Service.

A withdrawal management service is one that:

A. May be provided at one or more of the following ASAM levels:

(1) Level 1-WM, ambulatory withdrawal management without extended on-site monitoring;

(2) Level 2-WM, ambulatory withdrawal management with extended on-site monitoring;

(3) Level 3.2-WM, clinically-managed residential withdrawal management; **[**or**]**

(4) Level 3.7-WM, medically-monitored residential withdrawal management; *or*

(5) ~~-~~Integrated Behavioral Health Center

B. Monitors the decreasing amount of psychoactive substances in the body;

C. Manages the withdrawal symptoms;

D. Motivates the individual to participate in appropriate treatment programs for alcohol or other drug dependence;

E. Provides additional referrals as necessary; **[**and**]**

F. At Level I-WM, Level 2-WM, and Level 3.7-WM, employs a physician, nurse practitioner, or physician assistant who:

(1) Obtains a comprehensive medical history and physical examination of the patient at admission; **[**and**]**

(2) Medically monitors each patient*; and*

G. Meets the~~-~~ ASAM criteria for Withdrawal Management corresponding to its level of care.

[10.63.03.19]*10.63.03.168* (June 7~~*April 1*~~, 2024)
[.19]~~*I*~~*.168* Opioid Treatment Service.

An opioid treatment program is one that:

A. Complies with the requirements of 42 CFR §8 *except in the event of a conflict between the Federal Regulation and this chapter, the provider will comply with the more stringent provision.*

B. Is under the direction of a medical director who is a physician and:

~~[(1) Has at least 3 years of documented experience providing services to persons with substance-related disorders and opioid use disorders, including at least 1 year of experience in the treatment of opioid use disorder with opioid maintenance therapy and is board-certified in addiction medicine or addiction psychiatry; or~~

~~(2) Is certified in added qualifications in addiction psychiatry by the American Board of Psychiatry and Neurology, Inc.;]~~

(1) H~~h~~as completed an accredited residency training program;~~, and~~.

(2~~1~~) Has one year of documented OTP experience;

(3~~2~~) ~~.~~ Is approved by the Department through the process specified by the Department;~~ or~~

(4~~3~~) Is board-certified in addiction medicine through the American Board of Addiction Medicine, the American Board of Preventive Medicine, or the American Osteopathic Association, or is board-certified in addiction psychiatry through the American Board of Psychiatry and Neurology.

(5~~4~~) ~~The medical director shall~~Does not have any restrictions on any required State or federal license;

(6~~5~~) ~~The medical director s~~Shall~~l~~ ~~.~~ be available for consultation during the normal operating hours of the program;

(7~~6~~) Shall a~~A~~t least monthly, ~~the medical director shall~~ take an active part in interdisciplinary

team meetings;

(8) ~~The medical director~~Is ~~is~~ responsible for assuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services offered are conducted in compliance with State and federal~~l~~ regulations~~.~~ at all times;

(9) ~~The medical director~~S ~~s~~hall be on-site at the program a sufficient number of hours to assure regulatory compliance with a minimum of 8 hours per month and carry out those duties specifically assigned to the medical director by regulation; and

(10) ~~The medical director~~S ~~s~~hall directly provide the required services to patients or shall assure that the needed services are provided by appropriately trained and licensed providers in compliance with federal and State regulations.

C. Uses pharmacological interventions, including dispensing of full and partial opiate agonist treatment medications as part of treatment, support, and recovery services to an individual with an opioid addiction.

D~~E~~. Provides clinical services *addressing any substance-use disorders* to each patient at a frequency based on the patient's clinical stability level, not to exceed an overall program-*wide* average of 50:1 patient-to-counselor ratio, *regardless of whether a patient has refused counseling services.*~~.~~

E. Arranges for any opioid maintenance medication dispensed to a patient to be transported to the following service sites:

(1) Residential programs at Levels 3.3, 3.5, and 3.7, as described in Regulations .12—.14 of this chapter;

(2) Withdrawal management services at ASAM levels 3.2-WM and 3.7-WM as described in Regulation .17 of this chapter;

(3) Residential programs at levels 3.1, when the patient, because of a developmental or physical disability, or lack of access to transportation, cannot obtain or transport the patient's take-home opioid maintenance medication; or

(4) Nursing facilities, assisted living facilities, residential crisis facilities, rehabilitation facilities, or any residential program licensed by the Department.

F. Develops an individualized treatment plan, based on a comprehensive assessment, which includes at minimum those elements outlined in the relevant accreditation standards followed by the organization:

(1) Completed and signed by the alcohol and drug counselor and the patient within 7 working days of the comprehensive assessment;

(2) Updated every 90 days for the first year of treatment; and

(3) After completion of one year of continuous treatment and if the patient is determined to be clinically eligible for 28 days of take-home use, the individualized treatment plan may be updated every 180 days and signed by the drug and alcohol counselor and the patient.

G~~I~~. A Program may transfer care of an individual residing in a facility listed above, to an OTP in closer proximity to the residential facility.

[*F. In accordance with 21 CFR §1300, et seq., arranges transportation of opioid maintenance medication from the program sites identified in §E of this regulation or confirms the disposal of such medication when a patient leaves residential levels of care;*

G. Conducts random drug testing on each patient at least monthly, according to the provisions of COMAR 10.10.03.02;

H. Conducts random drug testing, at a minimum, for the following substances:

(1) Benzodiazepines;

(2) Marijuana;

(3) Cocaine;

(4) Opiates;

(5) Alcohol;

(6) Methadone or buprenorphine, whichever is appropriate; and

(7) Oxycodone;]

[*I.*]*H. Develops a taper schedule at least 21 days long with daily dosage reductions less than 5 percent of the original total dose, regardless of the patient's ability to pay.*

[J.]*I.* Non-voluntarily tapers or transfers a patient only if the Department's SOTA has been notified prior to taking the action:

(1) Patient's behavior on program premises is abusive, violent, or illegal;

(2) Patient fails to pay fees, has been denied coverage by the Public Behavioral Health System., and has been informed in writing and counseled as to responsibility and possible sanctions, including taper;

(3) Patient misses three consecutive medication days, and the program physician, after re-evaluation, has determined that nonvoluntary taper is warranted; or

(4) Clinical staff documents therapeutic reasons for taper, which may include continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions.

[~~I.~~]J. Conducts random drug testing, at a minimum, for the following substances:

(1) Benzodiazepines;

(2) Marijuana;

(3) Cocaine;

(4) Opiates;

(5) Alcohol;

(6) Methadone;

(7) Buprenorphine;

(8) Oxycodone;

(9) Fentanyl;

and

(10) Other substances as identified by the Department.;

[~~M~~]K. Requires that a patient show evidence of the availability of locked storage before a patient may take home any dose of medication. Providers must verify annually.

[~~N~~]L. Provides 24-hour telephone emergency response capability staffed by licensed or certified individuals credentialed to assess clinical issues arising during treatment, and provide dose verification.

[~~O~~]M. Dispensing Methadone and Other Medications for Opioid Use Disorder:

(1) A registered nurse or licensed practical nurse working in an opioid treatment program licensed by the Maryland Department of Health may dispense methadone and other DEA approved opioid use disorder medications in accordance with:

(a) The patient's standing medication order;

(b) The opioid treatment program's policies and procedures for dispensing methadone and other DEA approved opioid use disorder medications; and

(c) State and federal laws and regulations for labeling;

(2) A registered nurse or licensed practical nurse working in an opioid treatment program licensed by the Maryland Department of Health shall dispense methadone and other DEA-approved opioid use disorder medications:

(a) In tamper evident containers;

(b) In child resistant containers; and

(c) With any required patient information documents;

(3) A registered nurse or licensed practical nurse working in an opioid treatment service licensed by the Maryland Department of Health shall maintain records of methadone and other opioid use disorder treatment medications dispensed in accordance with the provisions of Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland;

(4) A registered nurse or licensed practical nurse may not delegate the dispensing of methadone or other DEA-approved Opioid Use disorder medications.

N~~P~~. Upon admission to an Opioid Treatment Program, individuals will be provided with prescriptions for Naloxone.

[O]~~Q~~. An Opioid Treatment Program electing to provide Mobile Methadone Services may do so without further licensure but shall notify the DEA and the Behavioral Health Administration Office of Licensing in writing of their intent to deliver this service prior to commencing services.

[P]~~R~~. A licensed OTP may operate a Narcotic Treatment Program with Mobile Components only if registered from their originating site and as permitted by DEA regulations (21-CFR 1300, 1301, 1304.)

[Q]~~S~~. Required management staff in this program, as defined in this regulation (COMAR 10.63.01) and subject to the requirements for reporting of vacancies under COMAR 10.63.01.05 include the medical director.