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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

10.63.04.01 (June 7, 2024)
.01 Scope

This chapter sets forth descriptions of, criteria for, and licensing requirements for, [three specific] programs that provide residential community-based behavioral health services. These programs shall comply with COMAR 10.63.01—.02, 10.63.04, and 10.63.06. Residential Rehabilitation Programs shall also comply with COMAR 10.63.03.09.

10.63.04.02 (June 7, 2024November 3, 2022)
.02 Covered Programs.

This chapter applies to the following programs:

A. Group Homes for Adults with Mental Illness;

B. *Mental Health* Residential Crisis Services (*MH* RCS) program; [and]

C. Residential Rehabilitation Program (RRP)*;*

D. Residential Substance Use Disorder Treatment Programs operating at Level 3.1

E. Residential Substance Use Disorder Treatment Programs operating at Level 3.3

F. Residential Substance Use Disorder Treatment Programs operating at Level 3.5

G. Residential Substance Use Disorder Treatment Programs operating at Level 3.7; and

H. Substance Use Disorder Residential Crisis Services (SUD RCS).

10.63.04.03 (June 7, 2024)
.03 Group Homes for Adults with Mental Illness.

A. In order to be licensed under this subtitle, a group home for adults with mental illness shall:

(1) Meet the definition in Health-General Article, §10-514 (b), (d), and (e), Annotated Code of Maryland;

(2) Provide a home-like, supportive residential environment:

(a) In a small group home, which provides services for more than 3, but not more than 8 individuals with a mental health disorder; or

(b) In a large group home for more than 8, but not more than 16 individuals with a mental health disorder; and

(3) Meet the site requirements set out in Regulation .07 of this chapter verified through an annual site inspection conducted by the CSA or LBHA.

B. A group home for adults with mental illness may not provide services for individuals with a primary diagnosis of developmental disability, as defined in Health-General Article, §7-101, Annotated Code of Maryland.

10.63.04.04 (June 7, 2024)
.04 *Mental Health* Residential Crisis Services (*MH* RCS).

In order to be licensed under this subtitle, a *mental health* residential crisis services program:

A. Shall provide*:*

(1) **[**short-term**]***Short-term* mental health treatment and support services in a structured *residential* environment for individuals who require 24-hour supervision due to a psychiatric

crisis;

(2) Crisis intervention and stabilization services;

(3) Brief treatment, care coordination, case management, medication monitoring, and recovery services;

B. Shall be designed to:

(1) Prevent psychiatric inpatient admission;

(2) Shorten the length of inpatient stay;

(3) **[**Effectively use**]** *Reduce crisis admissions to an acute* general hospital emergency departments; and

(4) Provide an alternative to psychiatric inpatient admission;

C. Shall have staff who are on-site 24 hours per day, **[7]***seven* days per week**[**, whenever an individual is on-site receiving services**]**;

D. Provide, at a minimum, the following services:

(1) Crisis de-escalation and intervention to defuse a current crisis;

(2) Psychiatric evaluation and intervention services by a psychiatrist or psychiatric nurse practitioner before development of the treatment plan, either:

(a) By the psychiatrist or psychiatric nurse who is currently treating the individual; or

(b) Through a written agreement with a provider of mental health treatment, who will provide evaluation by a psychiatrist or psychiatric nurse practitioner;

(3) Clinical assessment by a licensed mental health professional;

(4) Mental health treatment or psychotherapy, as clinically indicated and in accordance with the individual's individualized treatment plan, either:

(a) By the psychiatrist or psychiatric nurse practitioner (CRNP-PMH) who is currently treating

the individual;

(b) By the licensed mental health professional who is currently treating the individual;

(c) By a licensed mental health professional employed by the provider; or

(d) Through a written agreement with an appropriately licensed mental health provider;

(5) Medication Services;

(a) Monitoring. Staff shall provide the following medication monitoring services:

(i) Supporting the individual's self-administration of medications, including both prescribed and over-the-counter medications;

(ii) To the extent possible, monitoring compliance with instructions appearing on the label or a more recent medication order;

(iii) Reading the label to assure that each container of medication is clearly labeled with the individual's name, the contents, directions for use, and expiration date;

(iv) Assuring that each individual has secure, appropriate, and accessible space in which to store medications;

(v) Observing and documenting medications taken and any apparent reactions to the medication, and, either verbally or in writing and in a timely fashion, communicating to the prescribing authority problems that possibly may be related to the medication; and

(vi) Reinforcing education on the role and effects of medication in symptom management;

(b) Administration. If an individual's ITP requires staff to administer medication, only an individual authorized to do so under Health Occupations Article, Annotated Code of Maryland, may administer medication;

(6) Crisis stabilization to restore the individual to the pre-crisis level of functioning;

(7) Safety and crisis planning to reduce the likelihood of crisis recurrence;

(8) Behavioral interventions which may be provided by non-licensed staff to assist the individual and members of the individual's natural support system to recognizeand take preventive action to resolve situations that led to the crisis;

(9) Care coordination for behavioral health and somatic care services; and

(10) Case management to link the individuals with services and recovery supports in the community including, but not limited to, financial, educational, social, medical, and behavioral health resources that will enable the individual to return to the individual's previous living situation or

pursue an alternative living situation.

(11) Provide a warm hand-off to the receiving provider;

E.. Treatment planning and coordination. The program director shall assign to each individual a treatment coordinator who shall ensure that the individual receives medically necessary mental health treatment, recovery support, and ancillary services as determined by:

(1) An in-person clinical assessment of the individual conducted on the date of admission and on an ongoing basis thereafter by the program director or a licensed mental health professional designated by the program director;

(2) An in-person psychiatric evaluation of the individual conducted within 48 hours of admission and, as needed, thereafter, by a psychiatrist or psychiatric nurse practitioner; except that this evaluation shall be completed within 72 hours and may be by telehealth if the individual has been determined by a State Hospital psychiatrist or nurse practitioner to be clinically ready for discharge and would be adequately served by the Program.

(3) A face-to-face somatic care assessment of general physical health conducted within 48 hours before, but not more than 72 hours after, an individual's admission into the program by a health

care practitioner authorized under Health Occupations Article, Annotated Code of Maryland to:

(a) Perform such an assessment;

(b) Determine whether the individual requires a physical examination or somatic care follow-up; and

(4) An individualized treatment plan based on the assessments and evaluations conducted under §E(1)—(3) of this regulation that is completed within 48 hours of admission and updated, as needed, thereafter;

[D.**]***F.* For adults, shall meet the site requirements set out in Regulation XX of this chapter verified through an annual site inspection conducted by the CSA or LBHA; **[**and**]**

[E.**]***G.* For individuals younger than 21 years old, may offer services in an appropriately licensed therapeutic program, as appropriate**[**.**]***;*

H. If reliant on PBHS funding, be pre-approved by BHA for funding for a certain bed capacity;

I. Crisis beds participating in the PBHS shall only be reimbursed on a daily basis for overnight stays;

J. Designation of Licensed Bed Capacity by Service. Mental health residential crisis bed capacity:

(1) Are service specific;

(2) Reallocation to another service is not permitted without the approval of the Department;

(3) Reallocation to substance use disorder residential crisis or residential substance use disorder treatment services is not permitted; and

(4) Located in a physically separate and distinct building or wing of the licensed site, with a separate program entrance, from that of any other licensed or co-located program or service, except for programs that were initially licensed or approved prior to the effective date of this

regulation or that are approved by Department.

K. Staffing: The organization shall ensure that the program:

(1) Employs a program director who:

(a) Is a licensed mental health professional; or

(b) is certified as a CPRP by July 1, 2025, and has at least 2 years of experience providing or supervising residential crisis services before the hire date;

(c) Is available to provide administrative, clinical, operational, and programmatic oversight of the program;

(d) Is on-site at each approved residence or site for a minimum of 10 hours per week; and

(e) Has the availability, based upon clinical acuity and the request of on-duty staff, to arrive at the approved residence or site within 1 hour of a request.

(2) Has at least one staff person on duty on-site 24 hours per day, seven days per week; at all times that a resident is present in the mental health residential crisis services facility.

(3) Has the capacity for and, when required by an individual's treatment plan, provides 24-hour awake on-site staff support.

(4) Has the capacity for 1:4 coverage and, when required by the individual's treatment plan, provides 1:4 coverage.

(5) Has dedicated staff coverage that is not shared across programs or services co-located at the same site.

L. Required management staff as defined in COMAR 10.63.01 and subject to the reporting requirements under COMAR 10.63.01.05 include the program director.

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

(1) Crisis intervention and de-escalation;

(2) Common mental health and substance use diagnoses;

(3) Common behavioral health medications;

(4) Lethality assessment and interventions, including:

(a) Suicidality and danger to self;

(b) Risk of homicide and danger to others; and

(c) Safety and crisis planning;

(5) Care coordination and planning;

(6) Active rescue, voluntary, and involuntary hospitalization procedures;

(7) Community safety and situational awareness;

(8) Customization for Children, Youth, and Families, Mobile Response Stabilization Services (MRSS), if serving individuals younger than 21 years old;

(9) Trauma-responsive care;

(10) Harm reduction;

(11) Special populations; and

(12) Mandated reporting requirements;

N. Documentation. The program shall maintain adequate documentation of:

(1) All clinically relevant in-person, telephone, and written contacts with or about the individual to include the elements specified in §XX of this subtitle .

(2) Date and time of admission and discharge;

(3) Daily progress summary notes that include, at a minimum:

(a) A description of progress toward goals;

(b) Changes in goals and interventions based on the review of progress;

(c) The rationale for the changes;

(4) Documentation of any time that the individual is not physically present in the residence or facility without staff, the duration of the absence, and the reason for the absence;

(5) Psychiatric evaluation and treatment recommendations;

(6) Clinical assessment and treatment recommendations;

(7) Somatic care assessment and, if medically indicated, physical examination and somatic care follow-up;

(8) Individual treatment plan signed, at a minimum, by the individual, the treatment coordinator and the program director or licensed mental health professional designated by the program director;

(9) Informed consent to treat;

(10) Informed consent to medicate;

(11) A list of current prescribed and over-the-counter medications and their dose, frequency, route of administration, source of prescription, and source of medication administration, as applicable;

(12) Medication evaluation, administration, management, and monitoring, as applicable, throughout the stabilization period; and

(13) Daily medication logs for administered or monitored medications.

10.63.04.05 Repeal

[~~In order to be licensed under this subtitle, a residential rehabilitation program (RRP) shall:~~

~~A. Serve individuals with a mental disorder;~~

~~B. Be operated by a licensed PRP-A;~~

~~C. Lease or own the RRP sites;~~

~~D. Be approved by BHA for RRP funding;~~

~~E. Provide a home-like, supportive residential environment;~~

~~F. Provide services for no more than 3 individuals per RRP site, unless also licensed as a group home as provided in Regulation .03 of this chapter;~~

~~G. Promote the individual's ability to engage and participate in appropriate community activities;~~

~~H. Enable the individual to develop the daily living skills needed for independent functioning;~~

~~I. Have:~~

~~(1) On-site staffing, as needed to meet the needs of the individuals served; and~~

~~(2) Staff that are available on call, 24 hours per day, 7 days per week;~~

~~J. Meet the site requirements as set out in Regulation .07 of this chapter, verified through an annual site inspection conducted by the CSA or LBHA, as appropriate;~~

~~K. Have a written policy regarding the development of and process for implementation of a managed intervention plan (MIP) for an individual receiving residential services who may be at risk of an unplanned discharge, which:~~

~~(1) Is developed in collaboration with the individual, treatment team members, and CSA or LBHA, as appropriate; and~~

~~(2) Includes a description of additional individualized services and supports that may be needed, and identification of temporary residential alternatives, if any; and~~

~~L. If an MIP is executed, develop a transition plan that:~~

~~(1) Is created in collaboration with the individual, treatment team members, CSA or LBHA, as appropriate, and ASO; and~~

~~(2) Includes the elements outlined in §K(2) of this regulation.~~**]**

.05 Residential Rehabilitation Program (RRP). New

In order to be licensed under this subtitle, a residential rehabilitation program (RRP) shall:

A. Provide comprehensive, individualized, community-based psychiatric rehabilitation and recovery support services to adults:

(1) With a serious mental illness which:

(a) Causes significant functional and psychological impairment,

(b) Is expected to stabilize with treatment, rehabilitation, and support, and

(c) Requires active interventions and support to live safely in the community and participate in treatment;

(2) Who is at a significant risk of hospitalization or other inpatient care, or harm to self or others as a result of mental illness or has been involuntarily or voluntarily committed to a State facility or a state-funded inpatient psychiatric hospital and requires community-based services upon discharge;

(3) Who does not have adequate resources and a social support system to provide the level of residential support and supervision currently needed;

(4) Who is determined to be able to reliably cooperate with the rules and supervision provided, including those regarding safety, in the residential rehabilitation residence;

B. Ensure that all less intensive levels of treatment have been determined to be unsafe or unsuccessful;

C. Be designed for the maximum reduction of mental disability and restoration of an adult with a serious mental illness to the best possible functional level pursuant to §1905(a)(13) of the Social Security Act;

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

E. Meet the site requirements set forth in Regulation XX of this chapter verified through an

annual site inspection of residential rehabilitation residences conducted by the CSA or LBHA;

F. Be pre-approved by BHA for funding for a certain bed capacity and maintain residential rehabilitation residences in or available for use commensurate with the authorized bed capacity , unless otherwise approved in writing by BHA.

G. Incorporate deliberate and consistent skills training that, at a minimum, includes the following:

(1) Instruction and explanation;

(2) Skill demonstration and modeling;

(3) Role play, guided practice, and skill rehearsal;

(4) Specific corrective feedback and positive reinforcement;

(5) In-vivo skills training; and

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

H. Provide individualized, medically necessary and appropriate services in the residential rehabilitation residence and in the community, at varying levels of support, at times clinically indicated, including evenings and weekends, based on demonstrated participant need reflected in the Certificate of Determination issued by the Administration or its designee;

I. For general-level support:

(a) Be available on-call 24 hours per day, seven days per week; and

(b) Provide and maintain sufficient staffing to fulfill the full scope of service requirements of §XX of this subtitle and to provide community integration skills training, instrumental activities of daily living skills training, social skills training; wellness management and recovery support, social skills training, and medication monitoring at the frequency and intensity needed to

support recovery;

J. For intensive-level:

(a) Provide services daily on-site in the residential rehabilitation residence for a minimum of 40 hours per week up to 24 hours a day, seven days a week;

(b) Provide and maintain sufficient staffing to fulfill the full scope of service requirements of §XX of this subtitle and to provide community integration skills training, instrumental activities of daily living skills training, social skills training, wellness management and recovery support, and medication monitoring at the frequency and intensity needed to support recovery.

(c) Be available on-call 24 hours per day, seven days per week for any hours not on-site in the residential rehabilitation residence;

K. Continually reassess the individual for changes in level of support required and transition to the clinically appropriate level of support in the least restrictive setting, as indicated;

L. Meet all the requirements of §XX of this subtitle;

M. Employ a Residential Rehabilitation Program Director who meets the credentials of Rehabilitation Specialist and is dedicated to the licensed RRP to provide oversight and supervision of staff;

N. Have a written policy regarding the development of and process for implementation of a managed intervention plan (MIP) for a resident who may be at risk of an unplanned discharge, which:

(1) Is person-centered, promotes self-determination and recovery; and honors the individual's preferences and informed choices;

(2) Designed to prevent unplanned discharge;

(3) Ensures that the MIP is not used as a punitive measure;

(4) Is developed in collaboration with the individual, treatment team members, and LBHA; and

(5) Includes a description of interventions, services, and supports that may be needed to avoid unplanned discharge, and identification of temporary residential alternatives, if any;

O. Ensure the MIP:

(1) Is created in collaboration with the individual, treatment team members, LBHA, and ASO;

(2) Is designed, developed, and implemented in accordance with the written policy specified in §XX of this regulation;

(3) Includes the elements outlined in §XX of this regulation; and

(4) Is on the form approved by the Administration.

P. Render an admission disposition and notify the LBHA and referral source of the determination within 10 days of receipt of the completed referral from a State hospital, inclusive of any transitional visits from the state hospital;

Q. Base denials on reasons approved by the Administration and recorded on the form approved by the Administration and disseminated to the referral source within 10 days of the receipt of the completed State Hospital referral from the LBHA;

R. Base denials solely on an individualized, person-centered assessment of individual's characteristics, risk factors that cannot be eliminated, mitigated, or reasonably accommodated, compatibility, and ability to benefit from psychiatric rehabilitation services and not a categorical denial of admission based on individual's history or clinical profile;

S. Complete Fee Determination and Entitlements Management Record (EMR) upon admission and review EMR on an annual basis using the forms approved by the Administration.

10.63.04.06 New
.06 Residential-Low Intensity Level 3.1 SUD Treatment Program New

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 current 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. Therapeutic substance use disorder treatment services shall be:

(1) Provided for a minimum of 5 hours per week at the residential site, 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 is permitted to provide the following services if the program's license specifically authorizes the services:

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

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

D. A residential-low intensity level 3.1 program shall meet the current ASAM criteria for Level 3.1 Clinically Managed Low-Intensity Residential Services.

E. A program providing services in a residential space shall only provide services to residents of that program or those who have lived there in the past 60 days.

F. A clinically managed low intensity treatment program shall employ at minimum:

(1) A part-time program director on-site 20 hours per week;

(2) A clinical director serving the program 20 hours per week who:

(a) May also be the program director if working 40 hours per week;

(b) Is responsible for the supervision of the program's clinical services, counselors, peer support staff, and coordination of all care provided by outside programs;

(c) Is approved by the Board of Professional Counselors and Therapists as a supervisor;

(d) An additional licensed or certified counselor on-site 40 hours per week, who could also be the program director or clinical director;

(e) Peer support staff; and

(f) At least one staff member on duty at all times who is:

(i) Certified in cardiopulmonary resuscitation and use of an Automated External Defibrillator (AED);

(ii) Certified in Narcan administration;and

(iii) Trained in crisis intervention;

G. All staff employed as program director, clinical supervisors or 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.

H. The program shall develop written procedures to securely hold all take-home opioid therapy medication for patients who are on opioid maintenance therapy.

I. A program operating as a residential-low intensity level 3.1 shall additionally meet the requirements outlined in COMAR 10.63.04.11.

J. Maintain adequate documentation of each clinical contact with a participant as set forth in

COMAR 10.63.01.05.

K. Maintain adequate documentation indicating that the participant continues to meet the medical necessity criteria for the applicable ASAM level of care.

L. A program operating as a residential low intensity level 3.1 shall offer all services within the licensed facility or campus.

M. Individuals served by a program operating as a residential low intensity level 3.1 shall not be eligible for Psychiatric Rehabilitation Program services unless approved by the Department or its designee.

N. A residential low intensity level 3.1 program shall offer case management and care coordination services.

O. Required management staff in this program, subject to the requirements for reporting of vacancies under this chapter include the Program Director and Clinical Director.

10.63.04.07 New
.07 Clinically-Managed Population-Specific High Intensity SUD Residential Services Level 3.3

A. In order to be licensed under this subtitle, a clinically-managed population-specific high intensity residential service for adults level 3.3 or residential-medium intensity level 3.3 program for adolescents shall provide clinically-managed, population-specific high intensity residential substance-related treatment services based on a comprehensive assessment:

(1) In a structured environment in combination with medium-intensity treatment and ancillary services to meet the functional challenges of participants in order to support and promote recovery;

(2) From 20 to 35 hours weekly; and

(3) To individuals who:

(a) Meet the current 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 level 3.3 program is permitted to provide the following services if the program's license specifically authorizes the services:

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

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

C. A level 3.3 program shall:

(1) Employ sufficient physician, physician assistant, or nurse practitioner services to:

(a) Provide initial diagnostic work-up;

(b) Provide identification of medical and surgical problems for referral; and

(c) Handle medical emergencies when necessary;

(2) Provide therapeutic activities from 20 to 35 hours per week at the residence site;

(3) Coordinate aftercare services through:

(a) Peer support; or

(b) Licensed provider;

(4) Have at least one staff member on duty between 11 p.m. and 7 a.m who is:

(a) Certified in cardiopulmonary resuscitation; and

(b) Trained in crisis intervention;

(5) Have at least one staff member on duty at all times;

(6) At a minimum, maintain the following staff:

(a) A facility director on-site 20 hours per week;

(b) A clinical supervisor, working 20 hours per week, who may also serve as the facility director if working 40 hours a week;

(c) A physician, nurse practitioner, or physician assistant on-site 4 hours per week and 1 hour on call;

(d) A psychiatrist or psychiatric nurse practitioner available 3 hours per week;

(e) A registered nurse or licensed practical nurse on-site 40 hours per week; and

(f) An on-site multi-disciplinary team consisting of:

(i) A licensed mental health clinician;

(ii) A certified counselor under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and

(iii) Peer support staff;

(g) Other qualified staff sufficient to meet the needs of this level of service.

D. A residential level 3.3 program shall meet the current ASAM criteria for Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services.

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

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

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

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

F. A program operating as a residential level 3.3 shall additionally meet the requirements outlined in COMAR 10.63.04.11.

G. A program operating as a residential level 3.3 shall offer all services within the licensed facility or campus.

H. The program shall develop written procedures to securely hold all take-home opioid therapy medication for patients who are on opioid maintenance therapy.

I. Maintain adequate documentation of each clinical contact as set forth in COMAR 10.63.01.05.

J. Maintain adequate documentation indicating that the participant continues to meet the medical necessity criteria for the applicable ASAM level of care;

K. Individuals served by a program operating as a residential low intensity level 3.3 shall not be eligible for Psychiatric Rehabilitation Program services unless approved by the Department or its designee.

L. A residential treatment level 3.3 program shall include case management and care coordination services.

M. 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.I include the facility director, clinical supervisor, and physician.

10.63.04.08 New
.08 Residential-High Intensity Level 3.5 SUD Treatment 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 current 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 .XX of this chapter; and

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

C. A clinically managed high-intensity treatment program shall:

(1) Employ sufficient physician, physician assistant, or nurse practitioner services to:

(a) Provide initial diagnostic work-up;

(b) Provide identification of medical and surgical problems for referral; and

(c) Handle medical emergencies when necessary;

(2) Provide a minimum of 36 hours of therapeutic activities per week in the residence;

(3) Coordinate aftercare services through:

(a) Peer support; or

(b) A Licensed provider;

(4) Have at least one staff member on duty between 11 p.m. and 7 a.m who is:

(a) Certified in cardiopulmonary resuscitation; and

(b) Trained in crisis intervention;

(5) Have at least one staff member to be on duty at all times;

(6) At a minimum, maintain the following staff:

(a) A facility director on-site 20 hours per week; and

(b) A clinical supervisor, working 20 hours per week, who may also serve as the facility director if working 40 hours a week;

(c) A physician, nurse practitioner, or physician assistant on-site 1 hour per week;

(d) A psychiatrist or psychiatric nurse practitioner available 1 hour per week;

(e) An on-site multi-disciplinary team consisting of:

(i) The clinical supervisor;

(ii) A licensed mental health clinician;

(iii) A certified counselor under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and

(iv) Peer support staff;

(f) Other qualified staff sufficient to meet the needs of this level of service.

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

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

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

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

E. A program operating as a residential-high intensity level 3.5 shall additionally meet the requirements outlined in COMAR 10.63.04.11.

F. Maintain adequate documentation of each clinical contact with a participant as set forth in COMAR 10.63.01.05.

G. Maintain adequate documentation indicating that the participant continues to meet the

medical necessity criteria for the applicable ASAM level of care.

H. A program operating as a residential- High intensity level 3.5 shall offer all services within the licensed facility or campus.

I. The program shall develop written procedures to securely hold all take-home opioid therapy medication for patients who are on opioid maintenance therapy.

J. A residential high-intensity level 3.5 program shall meet the current ASAM criteria for Level 3.5 Clinically Managed High Intensity Residential Services (Adult Criteria) or Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent Criteria).

K. 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 Clinical Supervisor.

L. Individuals served by a program operating as a residential level 3.5 shall not be eligible for Psychiatric Rehabilitation Program services unless approved by the Department or its designee.

M. A residential level 3.5 program shall offer case management and care coordination services.

10.63.04.09 New
.09 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 current 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; and

(5) While meeting the requirements for withdrawal management services as outlined in

Regulation .16 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 .17 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.

D. A residential-intensive treatment program shall employ:

(1) At least two staff members:

(a) Certified in cardiopulmonary resuscitation;

(b) Trained in crisis management; and

(c) On duty between 11 p.m. and 7 a.m.;

(2) A part-time facility director on-site 20 hours per week; and

(3) A clinical supervisor on-site 20 hours per week, who may serve as the facility director if working 40 hours per week.

(4) At a minimum, have on staff a:

(a) Physician, nurse practitioner, or physician assistant on-site 5 hours per week and 2 hours on call;

(b) Psychiatrist or psychiatric nurse practitioner available 10 hours per week;

(c) Nursing staff on-site 168 hours per week, with a minimum of 56 hours provided by a registered nurse;

(d) On-site multi-disciplinary team consisting of:

(i) A clinical supervisor;

(ii) A licensed mental health clinician;

(iii) Certified counselors under direct supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and

(iv) Peer support staff.

E. A residential- intensive level 3.7 program shall meet the current ASAM criteria for Level 3.7 Medically Monitored Intensive Inpatient Services (Adult Criteria) or Medically Monitored High-Intensity Inpatient Services (Adolescent Criteria).

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

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

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

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

G. All new Level 3.7 programs shall have the appropriate Certificate of Need issued by the Maryland Health Care Commission.

H. A program operating as a residential- intensive level 3.7 shall additionally meet the requirements outlined in COMAR 10.63.04.11.

I. Maintain adequate documentation of each clinical contact with a participant as set forth in COMAR 10.63.01.05.

J. Maintain adequate documentation indicating that the participant continues to meet the medical necessity criteria for the applicable ASAM level of care;

K. A program operating as a residential- intensity level 3.7 shall offer all services within the licensed facility or campus, ensuring ability to respond to emergencies;

L. The program shall develop written procedures to securely hold all take-home opioid therapy medication for patients who are on opioid maintenance therapy;

M. 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.I include the Facility Director, Clinical Supervisor and Physician, Nurse Practitioner or Physician Assistant.

10.63.04.10
Substance Use Disorder Residential Crisis

A. In order to be licensed under this subtitle, a substance use disorder residential crisis services program (SUD RCS) shall:

(1) Provide brief substance-related disorder treatment;

(2) Provide crisis intervention; and

(3) Provide Intensive support services in a structured residential environment for individuals who require 24-hour supervision due to an acute substance-related disorder crisis.

B. A SUD RCS shall be designed to:

(1) Prevent an inpatient admission;

(2) Provide an alternative to inpatient admission;

(3) Shorten the length of inpatient stay;

(4) Divert from acute general hospital emergency departments;

(5) Serve individuals with a primary, high acuity substance-related disorder, but have the capability to address co-occurring mental health disorders; and

(6) Provide services and accept admissions 24 hours per day, 7 days-a-week.

C. SUD RCS for adults, shall meet the site requirements set out in Regulation XX of this chapter verified through an annual site inspection conducted by the CSA or LBHA.

D. At a minimum, provide the following services:

(1) Screening, assessment, and referral to treatment services;

(2) Crisis stabilization services for individuals with Opioid Use Disorder (OUD), to include expanded access to Medications for Opioid Use Disorder (MOUD);

(3) Care coordination for behavioral and somatic health services;

(4) Counseling, de-escalation, treatment, and safety planning; and

(5) Coordination of on-going care to community-based behavioral health facilities through direct connection and warm hand-off to the receiving provider.

E. Designation of Licensed Bed Capacity by Service. Substance use disorder residential crisis bed capacity:

(1) Are service specific;

(2) Reallocation to another service is not permitted without the approval of the Department;

(3) Reallocation to mental health residential crisis bed services is not permitted; and

(4) Located in a physically separate and distinct building or wing of the licensed site, with a separate program entrance, from that of any other licensed or co-located program or service.

F. Crisis beds participating in the PBHS shall only be reimbursed on a daily basis for overnight stays.

G. Staffing shall, at minimum be as follows:

(1) Has at least one staff person on duty on-site 24 hours per day, seven days per week; at all times that a resident is present in the residential crisis services facility;

(2) When an individual's treatment plan includes medication, or withdrawal management with

medication, only an individual authorized to do so under Health Occupations Article, Annotated Code of Maryland, may administer medication;

(3) Has the capacity for and, when required by an individual's treatment plan, provides 24-hour awake on-site staff support;

(4) Has the capacity for 1:4 coverage and, when required by the individual's treatment plan, provides 1:4 coverage.

H. Medical Evaluation and Intervention:

(1) The organization shall ensure that the program is:

(a) Staffed by a physician or other qualified, individual authorized to provide medical evaluation and intervention services under Health Occupations Article, Annotated Code of Maryland through:

(i) Consultation with the psychiatrist or psychiatric nurse who is currently treating the individual; or

(ii) Through a written agreement with a provider of mental health treatment, who will provide face-to-face evaluation by a psychiatrist or psychiatric nurse practitioner before the development of the treatment plan;

(2) The program shall assign to each individual a treatment coordinator who shall assure that the individual receives as described in the individual's treatment plan;

(3) The program shall:

(a) Support and extend already existing withdrawal management services;

(b) Coordinate access to treatment and recovery services;

(c) Ensure the capacity to initiate buprenorphine induction;

(d) Provide care coordination through certified peer recovery specialists;

(e)Provide a full range of individualized treatment services and recovery supports;

(f) Provide evaluation for "Medications for Opioid Use Disorder" (MOUD);

(g) Provide "warm" handoff to the next level of services;

(h) Provide transportation as needed to connect residents to MOUD or other levels of care;

(i) Supply overdose response kits that include Naloxone to residents upon discharge;

(j) Shall provide room and board;

(k) Shall provide toxicology services, as appropriate; and

(l) Shall provide other services, as indicated by client need.

I. Documentation. The program shall maintain adequate documentation of at minimum daily contact with the participant as part of the medical record, which at minimum, meets the following requirement:

(i) Dates of service, including admission and discharge date and time;

(ii) Clinical assessment and treatment recommendations;

(iii) Discharge plan;

(iv) Informed consent to treat;

(v) Informed consent to medicate;

(vi) Medications for Opioid Use Disorder

(vii) A medical problem list;

(viii) Nursing assessment (Medical history including a Review of Symptoms, Clinical Opioid Withdrawal Scale, Mental health and substance use history including screening for suicide risk and violence risk, Communicable diseases including TB screening, Medication list prescribed/non-prescribed);

(ix) Medical Director or Nurse Practitioner assessment;

(x) Medication evaluation and management throughout the stabilization period;

(xi) Continuous nursing care throughout stabilization period;

(xii) Biopsychosocial assessment by the clinical staff;

(xiii) ASAM crosswalk assessment;

J. If reliant on PBHS funding, this shall be pre-approved by BHA for a certain bed capacity.

10.63.04.06 (June 7, 2024)

[.06] *.11* Application Requirements for a Residence to be Operated by a Program.

A program seeking a license under this subtitle for a residential site shall submit to the CSA or LBHA a completed application that:

A. Is on the form required by the Administration with all required documents attached; and

B. Includes documentation that the residence:

(1) Is owned or leased by the applicant; or

(2) Will be owned or leased by the applicant; and

(3) Is located in a building that will have continuous fire, liability, and hazard insurance coverage.

Repeal 10.63.04.07

[~~.07 Residential Site Requirements.~~

~~A program licensed to provide community-based behavioral health residential services under this chapter shall ensure that:~~

~~A. All areas of a residence, including storage areas:~~

~~(1) Are safe;~~

~~(2) Clean; and~~

~~(3) Free of hazards and clutter;~~

~~B. A residence has:~~

~~(1) No housing code or zoning violations;~~

~~(2) Working smoke alarms or smoke detectors that meet local fire codes for residential dwellings;~~

~~(3) Hot and cold running water:~~

~~(4) Adequate light, heat, and ventilation; and~~

~~(5) Sufficient, appropriate, and functional furnishings, equipment, supplies, and utensils comparable to those found in the residences of nondisabled individuals;~~

~~C. Each resident:~~

~~(1) Has the resources to purchase or has access to food;~~

~~(2) Has the resources to acquire an adequate supply of soap, towels, and toilet tissue;~~

~~(3) Who self-administers medication, has access to a secure storage area for the resident's medications;~~

~~(4) Has access to a secure storage area for funds and valuables;~~

~~(5) Has access to transportation;~~

~~(6) Has access to a telephone in the residence; and~~

~~(7) To the extent possible, may use personal possessions and preferences in furnishing and decorating the resident's space.~~

~~D. The following emergency procedures are followed:~~

~~(1) Posted near the telephone are telephone numbers for the:~~

~~(a) Fire department, police, ambulance, and poison control center; and~~

~~(b) Program's on-call staff; and~~

~~(2) An emergency evacuation procedure that is explained to and practiced by residents within 10~~

~~days after entering residence and, at a minimum, every 3 months after that;~~

~~E. Each bedroom has:~~

~~(1) A minimum of 70 square feet for a single bedroom and a minimum of 120 square feet for a double bedroom;~~

~~(2) An interior door, except for an efficiency apartment;~~

~~(3) Closet space in or convenient to each bedroom for each individual using the bedroom;~~

~~(4) Coverings for each window, for privacy;~~

~~(5) A bed with a clean mattress and pillow for each resident using the bedroom;~~

~~(6) At least two sets of bed linens per resident; and~~

~~(7) Not more than two residents using the bedroom;~~

~~F. Each toilet and bathing area has:~~

~~(1) A minimum of one full bathroom for every four residents; and~~

~~(2) At least one toilet, one basin, and one tub or shower connected to hot and cold water;~~

~~(3) Easy access and conveniently located, not more than one floor level from living, dining, and sleeping rooms; and~~

~~(4) Privacy for the individual using it; and~~

~~G. The program has a written relocation plan for each site that:~~

~~(1) Specifies where residents may live temporarily if the CSA or LBHA determines that conditions in the approved residence pose an imminent risk to the health, safety, or welfare of a resident;~~

~~(2) Is approved by the CSA or LBHA, as appropriate; and~~

~~(3) Is updated annually.~~**]**

New 10.63.04.12 Environmental/Life Safety Requirements

A program licensed to provide community-based behavioral health residential services under this chapter shall ensure that:

A. All areas of a residence, including, but not limited to hallways, stairs, rooms, and storage areas:

(1) Are safe;

(2) Clean; and

(3) Free of hazards and clutter;

(4) Are well ventilated and free from odors; and

(5) Allow for the free and unobstructed movement of residents;

B. A residence has:

(1) No housing, sanitation, building and occupancy, fire, or zoning code violations;

(2) Adequate and working smoke alarms or smoke detectors that meet local fire codes for residential dwellings;

(3) Accessible fire extinguishers that have been serviced annually;

(4) A current fire inspection certificate;

(5) Hot and cold running water;

(6) Adequate light, heat, and ventilation to ensure the safety of residents;

(7) Sufficient, appropriate, and functional furnishings, equipment, supplies, and utensils comparable to those found in the residences of nondisabled individuals;

(8) Private space for administrative and counseling staff to perform services;

(9) Secure location for file storage;

(10) A dining area;

(11) A living room or common space;

(12) Space for leisure time activities;

(13) A separate entrance for any other service or program operating on the same site;

C. The kitchen:

(1) Has adequate space for food preparation;

(2) Accommodates all residents;

(3) Is commensurate to the size of the facility; and

(4) Has trash cans with lined containers and cover;.

D. Each resident:

(1) Has the resources to purchase or has access to food;

(2) Has the resources to acquire an adequate supply of soap, towels, and toilet tissue;

(3) Who self-administers medication, has access to a secure storage area for the resident's medications;

(4) Has access to a secure storage area for funds and valuables;

(5) Has access to transportation;

(6) Has access to a telephone in the residence; and

(7) To the extent possible, shall be permitted to use personal possessions and preferences in furnishing and decorating the resident's space;

E. The following emergency procedures are in place:

(1) Posted near the telephone are telephone numbers for the:

(a) Fire department, police, ambulance, and poison control center; and

(b) Program's on-call staff;

(2) A written emergency evacuation plan is posted conspicuously and updated annually;

(3) An emergency evacuation procedure is explained to residents within 10 days after resident

admission and conducted, at a minimum, every 3 months thereafter;

(4) Staff training in emergency evacuation procedures is provided within the first 30 days of employment;

(5) The program shall conduct and document an annual environmental safety review and based on this review take actions to replace items that create an unnecessary risk of self-harm with safer items designed for behavioral health settings, including but not limited to anchor points, door handles, curtains, hooks, and shower rods and curtains;

F. Each bedroom has:

(1) A minimum of 70 square feet for a single bedroom and a minimum of 120 square feet for a double bedroom;

(2) A maximum of six residents using the bedroom in mental health and substance use treatment programs; except for existing dormitory-style arrangements as outlined in XX of this subtitle;

(3) For mental health and substance use crisis programs and residential rehabilitation programs, not more than 2 residents per bedroom;

(4) An interior door, except for an efficiency apartment; or permitted dormitory-style arrangement;

(5) Closet space in or convenient to each bedroom for each individual using the bedroom;

(6) Coverings for each window, for privacy;

(7) A bed for each resident that has:

(a) A clean mattress, in good condition, with a protective cover, and the same size as the bed frame;

(b) A foundation to support the mattress;

(c) A bed frame consisting of head, foot, and side rails, on which the foundation rests;

(d) A pillow; and

(e) At least two sets of clean bed linens;

(8) Beds that are, at minimum, full or twin in size, not roll away beds or recliners, and at least 36 inches apart;

(9) At least two dresser drawers and an enclosed space for hanging clothes for each individual;

(10) A mirror;

(11) Dormitory style sleeping arrangements are permissible only as follows:

(a) For Level 3.1, Level 3.3 and Level 3.5 residential treatment using a therapeutic community model that are in existence as of July 1, 2022;

(b) For Level 3.7 residential treatment;

(c) Provide adolescents and adults with separate sleeping quarters;

(d) Provide beds that do not block egress from a window;

(e) Provide each resident with at least 60 square feet of personal space;

G. Each toilet and bathing area has:

(1) A minimum of one full bathroom for every four residents;

(2) At least one toilet, one basin, one tub or shower connected to hot and cold water, and a bath mat with non-slip backing or equivalent;

(3) Easy access and conveniently located, not more than one floor level from living, dining, and sleeping rooms;

(4) Privacy for the individual using it; and

H. The program has a written relocation plan for each site that:

(1) Specifies where residents may live temporarily if the LBHA determines that conditions in the approved residential site pose an imminent risk to the health, safety, or welfare of a resident or

becomes uninhabitable;

(2) Is approved by the LBHA, as appropriate;

(3) Is updated and approved by the LBHA annually;and

(4) When executed, entails notification to the LBHA no later than 24 hours following the relocation;

I. Dietary Services. If meals are provided, a program shall:

(1) Comply with applicable local, State, and federal laws and obtain necessary permits;

(2) Have a written plan describing the organization and delivery of dietary services; and

(3) Require a dietitian licensed under the Health Occupations Article, §5-101, Annotated Code of Maryland, to develop and implement the dietary service plan;

J. Special Accommodations: A program shall have protocols, which may include referral agreements with other programs that provide for admission and treatment of individuals with:

(1) Limited English Proficiency or hearing and speaking disabilities; and

(2) Physical and mental disabilities;

K. Infection Control- Universal Precautions;

L. A program shall observe universal precautions as required under COMAR 10.07.02.21-1.