MARYLAND REGISTER

Transmittal Sheet

Proposed Action on Regulations	
Date Filed with AELR Committee July 10, 2026	**Date Filed with Division of State Documents** **Document Number** 26-079-P-I **Date of Publication in MD Register**

1. Desired date of publication in Maryland Register: August 21, 2026

2. COMAR Codification

Title	Subtitle	Chapter	Regulation
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3. Promulgating Authority

Maryland Department of Health

4. Name of Regulations Coordinator

Jordan Fisher Blotter

Telephone Number

410-767-0938

Mailing Address

201 West Preston Street, Room 534
Baltimore, Maryland 21201

Email

jordan.fisher@maryland.gov

5. Name of Person to Call About this Document

Melissa Schober, MPM

Telephone Number

410-456-7853

Mailing Address

Behavioral Health Administration
Maryland Department of Health
55 Wade Avenue, Voc Rehab Building
Catonsville, MD 21228

Email

melissa.schober1@maryland.gov

6. Check applicable items:

X	New Regulations
X	Amendments to Existing Regulations
X	Repeal of Existing Regulations
X	Recodification
X	Incorporation by Reference of Documents Requiring DSD Approval

7. Is there Emergency text that is identical to this Proposal:

___ Yes _X_ No

8. Incorporation by Reference

[X] Incorporation by Reference (IBR) approval form(s) attached and 16 copies of documents proposed for incorporation submitted to DSD. (Submit 16 paper copies of IBR document to DSD and one copy to AELR.)

9. Public Body - Open Meeting

[ ] OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to General Provisions Article, §3-302(c), Annotated Code of Maryland

[ ] OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting

10. Children's Environmental Health and Protection

[ ] Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Eleanor Dayhoff-Brannigan, Assistant Attorney General, telephone #410-767-1868, on April 7, 2026. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Meena Seshamani, MD, PhD

Title

Secretary of Health

Telephone No.

410-767-4639

Date

May 8, 2026

Title 10

MARYLAND DEPARTMENT OF HEALTH

Subtitle 63 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES

10.63.29 Level 3.1 Clinically Managed Low-Intensity Residential Services Program

10.63.30 Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services Program

10.63.31 Level 3.5 Clinically Managed High-Intensity Residential Services Program

10.63.32 Level 3.7 Medically Monitored Intensive Inpatient Services Program

10.63.33 Residential Rehabilitation Program (RRP)

10.63.34 Therapeutic Group Homes

10.63.35 Opioid Treatment Program

10.63.36 Withdrawal Management Service

10.63.37 Mental Health Intensive Outpatient Program

10.63.39 Corrective Actions and Sanctions

Authority: See proposal

Notice of Proposed Action

[26-079-P]

The Secretary of Health proposes to:

(1) Repeal existing Regulations .01—.05 under COMAR 10.63.01 Requirements for All Licensed Programs and adopt new Regulations .01— .08 under a new chapter COMAR 10.63.01 General Requirements for All Programs;
(2) Repeal existing Regulations .01—.04 under COMAR 10.63.02 Programs Required to Be Accredited in Order to Be Licensed to Provide Community-Based Behavioral Health Services and adopt new Regulations .01—.06 under a new chapter COMAR 10.63.02 Compliance and Reporting Requirements;
(3) Repeal existing Regulations .01—.21 under COMAR 10.63.03 Descriptions and Criteria for Programs and Services Required to Have an Accreditation-Based License and adopt new Regulations .01—.12 under a new chapter COMAR 10.63.03 General Staffing Requirements;
(4) Repeal existing Regulations .01—.07 under COMAR 10.63.04 Additional Requirements for Accreditation-Based Licenses for Specific Residential Community-Based Behavioral Health Services and adopt new Regulations .01—.09 under a new chapter COMAR 10.63.04 Documentation Requirements;
(5) Repeal existing Regulations .01—.07 under COMAR 10.63.05 Descriptions and Criteria for Programs Requiring a Non-Accreditation-Based License and adopt new Regulations .01—.07 under a new chapter COMAR 10.63.05 Program Site Requirements;
(6) Repeal existing Regulations .01—.21 under COMAR 10.63.06 Application and Licensure Process and adopt new Regulations .01—.18 under a new chapter COMAR 10.63.06 Licensure Process;
(7) Amend Regulations .02, .03, and .05 under COMAR 10.63.08 Civil Money Penalty and recodify existing Regulations .01—.05 under COMAR 10.63.08 Civil Money Penalty to be Regulations .01—.05 under COMAR 10.63.38 Civil Money Penalty;
(8) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.08 DUI Education Program;
(9) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.09 Early Intervention Level 0.5 Program;
(10) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.10 Substance-Related Disorder Assessment and Referral Program;
(11) Adopt new Regulations .01—.11 under a new chapter COMAR 10.63.11 Behavioral Health Crisis Stabilization Center (BHCSC) Program;
(12) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.12 Integrated Behavioral Health Program;
(13) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.13 Intensive Outpatient Treatment Level 2.1 – Substance-Related Disorder Treatment Program;
(14) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.14 Mobile Crisis Team Program;
(15) Adopt new Regulations .01—.09 under a new chapter COMAR 10.63.15 Mobile Treatment Services Program;
(16) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.16 Outpatient Mental Health Center (OMHC);
(17) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.17 Outpatient Treatment Level 1.0 - Substance-Related Disorder Treatment Program;
(18) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.18 Level 2.5 Substance-Related Disorder Treatment Partial Hospitalization Program (PHP);
(19) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.19 Mental Health- Partial Hospitalization Program (MH-PHP);
(20) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.20 Psychiatric Rehabilitation Program for Adults (PRP-

A);
(21) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.21 Psychiatric Rehabilitation Program for Minors (PRP-M);
(22) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.22 Respite Care Services;
(23) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.23 Supported Employment Program (SEP);
(24) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.24 Substance-Related Disorder Treatment Program in a Correctional Facility;
(25) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.25 Group Homes for Adults with Mental Illness;
(26) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.26 Mental Health Residential Crisis Services Program;
(27) Adopt new Regulations .01—.08 under a new chapter COMAR 10.63.27 Recovery Residence Program;
(28) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.28 Substance-Related Disorder – Residential Crisis Services Program;
(29) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.29 Level 3.1 Clinically Managed Low-Intensity Residential Services;
(30) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.30 Substance-Related Disorder Residential Level 3.3 Program;
(31) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.31 Level 3.5 Program Clinically Managed High-Intensity Residential Services Program;
(32) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.32 Substance-Related Disorder Residential Level 3.7 Program;
(33) Adopt new Regulations .01—.07 under a new chapter COMAR 10.63.33 Residential Rehabilitation Program (RRP);
(34) Adopt new Regulations .01—.16 under a new chapter COMAR 10.63.34 Therapeutic Group Homes;
(35) Adopt new Regulations .01—.09 under a new chapter COMAR 10.63.35 Opioid Treatment Program;
(36) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.36 Withdrawal Management Service;
(37) Adopt new Regulations .01—.06 under a new chapter COMAR 10.63.37 Mental Health Intensive Outpatient Program; and
(38) Adopt new Regulations .01—.10 under a new chapter COMAR 10.63.39 Corrective Actions and Sanctions.

Statement of Purpose

The purpose of this action is to repeal existing regulations and adopt new regulations within COMAR 10.63 Community-Based Behavioral Health Programs and Services to align with current statutory requirements and to support improved quality of services, compliance, and a more equitable and sustainable operating environment for community-based behavioral health programs in the State.

The subtitle will be organized as follows:
(1) 10.63.01 sets forth the requirements for all organizations operating programs to provide community-based behavioral health services;
(2) 10.63.02 sets forth compliance and reporting requirements for all organizations operating programs to provide community-based behavioral health services;
(3) 10.63.03 outlines general staffing requirements;
(4) 10.63.04 identifies and sets forth documentation requirements for all organizations operating programs to provide community-based behavioral health services;
(5) 10.63.05 sets forth program site requirements for programs providing community-based behavioral health services;
(6) 10.63.06 sets forth the licensing process for all organizations licensed to provide community-based behavioral health services;
(7) 10.63.08 – 10.63.37 provide detailed program-specific information required for an organization to operate a specific community-based behavioral health services program; and
(8)10.63.38 sets forth a civil money penalty for material and egregious non-compliance with federal or State law or regulation;
(9) 10.63.39 provides the regulatory framework for corrective actions and sanctions undertaken by the Behavioral Health Administration against an organization for material and egregious non-compliance with federal or State law or regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. The proposed regulations will have an economic impact for the Department. The proposed regulations update and add requirements for organizations to be licensed to provide community-based behavioral health programs and services. The proposed regulations add to the review and approval of licensure applications by the Department before licenses are issued. In this manner, the proposed regulations increase expenditures in the required staffing levels, training, and systems support needed to implement the changes to licensure requirements. The amount of these increased expenditures is indeterminable as any method used to project the effect of the proposed regulations on the current volume of licensure applications is speculative, but, the Department estimates an indeterminable increase of expenditures in FY27 for the certification and oversight of recovery residences.

For organizations operating programs to provide community behavioral health services, the cost of adhering to the proposed regulations that update and clarify application requirements for licensure is indeterminable, as any costs will vary by organization, number of sites and the program type(s) they are seeking licensure for in the State. For certain program types, the proposed regulations update staffing requirements which may include changes to required staff credentials, staffing levels, site requirements,

program requirements, and management requirements for licensure. The proposed regulatory package also updates and clarifies program requirements for certain program types, which may also generate regulatory burden and associated compliance costs.

Some local governments functioning as the Local Behavioral Health Authority or the Local Addiction Authority may provide substance-related disorder services, which may require the local government agencies to be accredited. The number of agencies that would need to be accredited cannot be determined as it will vary between local governments.

II. Types of Economic Impact.

Impacted Entity	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:		
(1) Maryland Department of Health	(E+)	Indeterminable
B. On other State agencies:	NONE	
C. On local governments:		
(1) Local Behavioral Health Authorities/Local Addiction Authorities	(E+)	Unquantifiable
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:		
(1) Licensed Community-Based Behavioral Health Organizations	(+)	Indeterminable
(2) Administrative Service Organization	(+)	Unquantifiable
(3) Licensed Community-Based Behavioral Health Organizations	(-)	Indeterminable
E. On other industries or trade groups:		
(1) Accreditation Organizations	(-)	Indeterminable
(2) Community Behavioral Health Trade Groups	(+)	Indeterminable
(3) Behavioral Health Consultants	(+)	Indeterminable
F. Direct and indirect effects on public:		
(1) Indirect Effects on Access to Care	(+)	Unquantifiable
(2) Indirect Effects on Quality of Care	(+)	Indeterminable
(3) Indirect Effects on Access to Care	(-)	Unquantifiable

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A(1). The new requirements add to the review and approval of licensure applications by the Department before licenses are issued. Further, the new regulations set forth new licensure procedures for licence renewals, additional site licensure, and change of location licensure. Additionally, these regulations will require the Department to begin certification and oversight for all recovery residences in the State. In this manner, the proposed regulations increase expenditures in the required staffing levels, training, and systems support needed to implement the changes to licensure requirements. The economic impact on the Maryland Department of Health for implementing these regulations is currently indeterminable.

C(1). Additional expenditures may be related to increased audit and compliance activities and any increased regulatory burden. At this time, the impact is unquantifiable.

D(1). The Department anticipates that a reduction in fraud, waste, and abuse within the provider community may result in benefits for organizations as a whole, but any exact amount of benefit would be indeterminable.

D(2). The Department anticipates that a reduction in fraud, waste, and abuse within the provider community may result in a benefit for the Administrative Service Organization. At this time, the impact is unquantifiable.

D(3). The Department anticipates that increased program and compliance activities and increased regulatory burden may result in additional costs for organizations.

E(1). The Department understands that as a result of these regulations, accreditation organizations may see less organizations operating programs providing community-based behavioral health services seeking accreditation. Any cost associated with this would be indeterminable.

E(2). The Department anticipates that Community Behavioral Health Trade Groups may see an increased need for support among association members to comply with new regulatory requirements. Any exact amount of benefit would be indeterminable.

E(3). The Department anticipates that Behavioral Health Consultants may have additional opportunities to assist regulated organizations with compliance with these regulations and the new licensure process. Any exact amount of benefit would be indeterminable.

F(1). The Department strongly believes that these new regulatory requirements will result in a higher quality of care and improved access to care for community-based behavioral health programs.

F(2). The Department strongly believes that these new regulatory requirements will result in better providers and better overall quality of care. Nevertheless, any exact amount of this benefit is indeterminable.

F(3). The Department appreciates that these new regulatory requirements may result in the closure of some community-based behavioral health programs over time, though any exact impact would be unquantifiable.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows:

The proposed action has a meaningful economic impact on small businesses. For organizations operating community behavioral health programs, many of which are small businesses, the cost of adhering to the proposed regulations that update and clarify application requirements for accreditation-based and non-accreditation-based licenses is indeterminable, as costs will vary by organization, number of sites, and the program type(s) they are seeking licensure for in the State. For certain program types, the proposed regulations update staffing requirements which may include changes to required staff credentials, staffing levels, site requirements, program requirements, and management requirements for licensure all of which may increase operating costs, compliance costs and general regulatory burden.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows:

To the extent that individuals with disabilities receive community-based behavioral health services, the Department believes that these regulations will result in better care for individuals receiving these services. Overall, the Department anticipates a positive impact and an improved quality of care.

Opportunity for Public Comment

Comments may be sent to Jordan Fisher Blotter, Director, Office of Regulation & Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 534 Baltimore, Maryland 21201, or call 410-767-0938, or email to mdh.regs@maryland.gov. Comments will be accepted through September 21, 2026. A public hearing has not been scheduled.

MEENA SESHAMANI, MD, PHD
Secretary of Health

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: **FY 2027**

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

Effective date of these regulations is anticipated in FY2027, the Department anticipates implementation of these regulations in FY27 with existing resources. The Department will explore additional financial resources for implementation in further fiscal years.

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Small Business Worksheet:

Intended Beneficiaries

Who are the intended beneficiaries of the proposed regulation? Are these intended beneficiaries primarily households or businesses?

The intended beneficiaries of the proposed regulations are both households, or consumers of community behavioral health services, and organizations operating community behavioral health programs.

The proposed regulations will benefit households and consumers by mitigating potential fraud, waste, and abuse through an improved community behavioral health provider landscape and by increasing the quality of care received through more effective oversight, compliance, and enforcement of licensure requirements that will ensure only high quality organizations deliver care in the State. Households and individual consumers that receive higher quality care from providers as a result of these proposed regulations are less likely to generate additional costs to the State in the form of avoidable hospitalizations or repeated treatment through community behavioral health programs. The proposed regulations will have no direct effect on household and individual consumer spending behavior that will generate a disproportionate impact on small business.

Businesses, mainly community behavioral health programs, will benefit from reductions in fraud, waste, and abuse committed by other programs that divert limited funding for community behavioral health services from their programs and consumers. The proposed regulations will prevent unqualified community behavioral health programs from entering the behavioral health landscape and allow for removal of programs out of compliance with licensure requirements, which will result in a more equitable business environment for many community behavioral health programs.

The proposed regulations would apply to all community behavioral health programs seeking licensure, licensure renewals, or licensure modifications. Further, the changes in program and staffing requirements would apply to all providers. The total economic impact is indeterminable as costs will vary by organization, number of sites, and the program type(s) they are seeking licensure for in the State, but the intended effect is a net benefit through a reduction in fraud, waste, and abuse that allows limited funding community behavioral health funding to be distributed as the State intends.

If households are the primary intended beneficiaries, will the proposal affect their income or purchasing power such that the volume or patterns of their consumer spending will change? If so, what directions of change would you anticipate? Will these expected spending changes have a disproportionate impact on small businesses? Can you descriptively identify the industries or types of business activities that are impacted?

Response: N/A

If businesses are the intended beneficiaries, identify the businesses by industry or by types of business activities. How will businesses be impacted? Are these Maryland establishments disproportionately small businesses? If so, how will these Maryland small businesses be affected? Can you identify or estimate the present number of small businesses affected? Can you estimate the present total payroll or total employment of small businesses affected?

The proposed regulations are intended to update and add requirements for licensure of organizations operating community based behavioral health programs and providing services; update staffing requirements which may include changes to required staff credentials, staffing levels, site requirements, program requirements, and management requirements for licensure; and clarify the imposition, penalties, and appeal process associated with a violation of State and federal law or regulatory requirements. Together these changes can potentially mitigate any initial economic impact through the reduction of fraud, waste, and abuse currently occurring with the Public Behavioral Health System. Over time these changes should also detract fraudulent or unqualified providers from seeking licensure in the system resulting in a more fair and equitable business environment for the remaining community behavioral health providers. The State may also incur a benefit in the reduction of fraudulent or unnecessary billing of Medicaid reimbursable services by community behavioral health providers as a result of more timely enforcement of oversight and imposition of civil monetary penalties to discourage such activities within the provider community.

Other Direct or Indirect Impacts: Adverse
Businesses may not be the intended beneficiaries of the proposal. Instead, the proposal may direct or otherwise cause businesses to incur additional expenses of doing business in Maryland. Does this proposal require Maryland businesses to respond in such a fashion that they will incur additional work-time costs or monetary costs in order to comply? Describe how Maryland establishments may be adversely affected. Will Maryland small businesses bear a disproportionate financial burden or suffer consequences that affect their ability to compete? Can you estimate the possible number of Maryland small businesses adversely affected? (Note that small business compliance costs in the area of regulation are the sum of out-of-pocket (cash) costs plus time costs — usually expressed as payroll, akin to calculations for legislative fiscal notes. Precise compliance costs may be difficult to estimate, but the general nature of procedures that businesses must accomplish to comply can be described.)

The estimate of economic impact is generally indeterminable given the scope and broad nature of the proposed regulations. The proposed would apply to all community behavioral health programs seeking licensure, license renewals, or license modifications and other changes to licensure

requirements, as well as, changes in program and staffing requirements that would apply to all programs. In addition to affecting community behavioral health programs this can affect vendors they engage either positively or negatively to comply with the proposed regulations. As noted, there is significant regulatory burden associated with the proposed regulations, but also significant short and long term benefit through the overall improvement in quality within the Public Behavioral Health System in terms of services and quality of providers.

Maryland businesses may positively benefit by means other than or in addition to changed consumer spending patterns. How may Maryland businesses be positively impacted by this initiative? Will Maryland small businesses share proportionately or disproportionately in these gains? Can you estimate the possible number of Maryland small businesses positively affected?

See responses to questions 1-4.

Long-Term Impacts
There are instances where the longer run economic impact effect from regulations differ significantly from immediate impact. For example, regulations may impose immediate burdens on Maryland small businesses to comply, but the overall restructuring of the industry as a consequence of monitoring and compliance may provide offsetting benefits to the affected small businesses in subsequent years. Can you identify any long run economic impact effects on Maryland small businesses that over time (a) may compound or further aggravate the initial economic impact described above, or (b) may mitigate or offset the initial economic impact described above?

See responses to questions 1-4

Estimates of Economic Impact
State Government Article, §2-1505.2 requires that an agency include estimates, as appropriate, directly relating to:
Cost of providing goods and services;
Effect on the work force;
Effect on the cost of housing;
Efficiency in production and marketing;
Capital investment, taxation, competition, and economic development; and
Consumer choice.

Response: N/A

Title 10
MARYLAND DEPARTMENT OF HEALTH

Subtitle 63 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES

10.63.01 General Requirements for All Programs

Authority: Health-General Article, §§ 2-104(b), 7.5-204(a)(2), and 7.5-402, Annotated Code of Maryland

.01 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Accreditation" means the approval granted to a program by an accreditation organization.

(2) "Accreditation-based license" means a license which requires the organization be accredited by an approved accreditation organization

(3) "Accreditation organization" means a private entity that conducts inspections and surveys of health care facilities or health care staff agencies based on nationally recognized and developed standards that is approved by the Secretary in accordance with Health-General Article, §19-2302, Annotated Code of Maryland.

(4) Addictive Disorder.

(a) "Addictive disorder" means a chronic disorder of the brain's reward-activation system in which the individual pathologically pursues reward or relief by substance-related disorder or other behaviors, with diminished control, and the individual persists in the behavior despite adverse consequences.

(b) "Addictive disorder" includes gambling, which is the only nonsubstance-related addictive disorder recognized under State law.

(5) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed or certified in accordance with this subtitle.

(6) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.

(7) "Business day" means any day except Saturday, Sunday, or a State holiday.

(8) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.

(9) "Critical incident" means an event that impacts the health, safety, or welfare of a program participant or staff.

(10) "Crisis" means an event that produces mental, physical, emotional, or behavioral distress.

(11) "Department" means the Maryland Department of Health.

(12)"Drug" means:

(a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;

(b) A prescription medication; or

(c) A chemical substance when used for unintended and harmful purposes.

(13) "Family support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

(14) "Group home" means a private group home, as defined in Health-General Article, §10-514, Annotated Code of Maryland, that provides mental health services in a residential facility.

(15) "Group practice" has the meaning stated in Health Occupations Article, §1-301, Annotated Code of Maryland.

(16) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.

(17) "Hospital" has the meaning stated in Health-General Article, §19–301, Annotated Code of Maryland.

(18) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.

(19) "Licensed mental health professional" means:

(a) A psychiatrist; or

(b) A practitioner authorized under Health Occupations Article, Annotated of Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.

(20) Local Authority.

(a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.

(b) "Local authority" includes the:

(i) Core service agency as defined in Health-General Article, §7.5-101(g), Annotated Code of Maryland;

(ii) Local addictions authority as defined in Health-General Article, §7.5-101(j), Annotated Code of Maryland; and

(iii) Local behavioral health authority as defined in Health-General Article, §7.5-101(k), Annotated Code of Maryland.

(21) "Medical record" has the meaning stated in Health-General Article, §4-301, Annotated Code of Maryland.

(22) "Medically necessary" means a service or benefit that is:

(a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;

(b) Consistent with current accepted standards of good medical practice;

(c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and

(d) Not primarily for the convenience of the participant, family, provider, or organization.

(23) "Mental disorder" has the meaning stated in Health-General Article, §10-101, Annotated Code of Maryland.

(24) "Organization" means an association, partnership, corporation, unincorporated group, or other legal entity licensed to operate a program to provide community-based behavioral health services.

(25) "Participant" means an individual receiving behavioral health services in a community-based program.

(26) "Peer support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

(27) "Plain language" means language which is easily understandable by program participants and takes into account the various levels of education and understanding of the population.

(28) "Program" means a named set of services operated by an organization inclusive of:

(a) A substance-related disorders program as defined in Health-General Article, §7.5-101(q), Annotated Code of Maryland;

(b) A mental health program as defined in Health-General Article, §7.5-101(m), Annotated Code of Maryland;

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(29) "Provider" means an individual who is licensed, certified, or otherwise authorized under Health Occupations Article, Annotated Code of Maryland to provide health care services.

(30) "Psychiatrist" means a physician who:

(a) Is licensed by the Maryland Board of Physicians; and

(b) Is either:

(i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or

(ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.

(31) "Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals.

(32) "Recovery Residence" means a service that:

(a) Provides alcohol–free and illicit–drug–free housing to individuals with substance–related disorders or addictive disorders or co–occurring mental health disorders and substance–related disorders or addictive disorders; and

(b) Does not include clinical treatment services.

(33) "Rendering provider" means the licensed, certified, or otherwise authorized provider under Health Occupations Article, Annotated Code of Maryland, who provides medically necessary services to a program participant.

(34) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.

(35) "Secretary" means the Secretary of the Maryland Department of Health or their designee.

(36) "Site" means the location where the organization operates the program as detailed on the program's license.

(37) "Substance-related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.

(38) "Telehealth" has the meaning stated in Health-General Article, §15–141.2, Annotated Code of Maryland.

(39) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

(40) "Withdrawal Management" means direct or indirect services for an acutely intoxicated program participant to fulfill the physical, social, and emotional needs of a participant n individual by:

(a) Monitoring the amount of alcohol and other toxic agents in the body of the participant;

(b) Managing withdrawal symptoms; and

(c) Motivating a participant to participate in appropriate substance-related disorder programs.

.02 Incorporation by Reference.

In this subtitle, The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (American Society of Addiction Medicine, Third Edition, 2013) is incorporated by reference.

.03 Programs Requiring License.

A. Except as provided in Regulation .04 of this chapter, an organization shall have a valid and current license issued by the Secretary in accordance with COMAR 10.63.06 to operate a program that provides community-based behavioral health services in the State and falls within the program descriptions set forth in this subtitle.

B. A license issued in accordance with COMAR 10.63.06 may not be transferred.

.04 Programs Exempt from Licensure.

A. In accordance with Health-General Article, §7.5-401, Annotated Code of Maryland, the following do not fall within the program descriptions set forth in this subtitle that require a license in accordance with COMAR 10.63.06:

(1) A health professional in either a solo or group practice, who is:

(a) Licensed under the Health Occupations Article, Annotated Code of Maryland; and

(b) Providing behavioral health services in accordance with the requirements of the appropriate professional board;

(2) Alcoholics Anonymous, Narcotics Anonymous, peer support services, family support services, or other similar organizations, if the organization holds meetings or provides support services but does not provide treatment;

(3) Employees' assistance programs of a business or State entity;

(4) Outpatient behavioral health treatment and rehabilitation services provided in a regulated space in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland, if the services are accredited by an approved accreditation organization under its behavioral health standards; and

(5) A federally qualified health center providing primary health services in accordance with 42 U.S.C. §254b.

B. Recovery Residences.

(1) Recovery Residences are exempt from the licensure requirements set forth in Regulation .03 of this chapter.

(2) Recovery Residences shall be certified by the Maryland Certification of Recovery Residences in accordance with COMAR 10.63.27.

C. Administration Exemptions.

(1) The Administration may exempt an organization from the requirements of this subtitle if the program:

(a) Is an experimental, demonstration or pilot project or does not fall within any of the program descriptions set forth in this subtitle; and

(b) At the satisfaction of the Administration, it is proved to be subject to contractual provisions, conditions of grant award, or other requirements that are comparable to the requirements of this subtitle.

(2) For the purposes of this section, an experimental, demonstration, or pilot project means a project, irrespective of funding, that if deemed successful, may be considered and adopted as a permanent policy or program.

.05 Community-Based Behavioral Health Services Requiring Accreditation.

A. An organization seeking licensure to provide the following community-based behavioral health programs or services shall have accreditation from an accreditation organization approved by the Administration:

(1) Behavioral Health Crisis Stabilization Center (BHCSC);

(2) Group Homes for Adults with Mental Illness;

(3) Integrated Behavioral Health Program;

(4) Intensive Outpatient Treatment Level 2.1 Substance-Related Disorder Treatment Program;

(5) Mental Health - Partial Hospitalization Program (PHP);

(6) Mental Health Residential Crisis Services Program (MH-RCS);

(7) Mobile Crisis Team Program;

(8) Mobile Treatment Services Program (MTS);

(9) Opioid Treatment Program (OTP);

(10) Outpatient Mental Health Center (OMHC);

(11) Outpatient Treatment Level 1.0 Substance-Related Disorder Treatment Program;

(12) Level 2.5 Substance-Related Disorder Treatment Partial Hospitalization Program (PHP);

(13) Psychiatric Rehabilitation Program for Adults (PRP-A);

(14) Psychiatric Rehabilitation Program for Minors (PRP-M);

(15) Level 3.1 Clinically Managed Low-Intensity Residential Services Program;

(16) Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services Program;

(17) Level 3.5 Clinically Managed High-Intensity Residential Services Program;

(18) Level 3.7 Medically Monitored Intensive Inpatient Services Program;

(19) Residential Rehabilitation Program (RRP);

(20) Respite Care Services;

(21) Substance-Related Disorder Residential Crisis Services Program (SRD-RCS);

(22) Supported Employment Program (SEP); and

(23) Withdrawal Management Service (WM).

B. An organization operating a program to provide community-based behavioral health services with an accreditation-based license shall:

(1) Adhere to all requirements and standards of the accreditation organization by which it is accredited;

(2) Provide behavioral health services only to populations for which it is accredited; and

(3) Notify the Administration in writing within 5 business days of any change in accreditation status.

.06 Community-Based Behavioral Health Services Not Requiring Accreditation.

The following community-based behavioral health programs or services do not require accreditation to operate:

A. Substance-Related Disorder Assessment and Referral Program;

B. DUI Education Program;

C. Early Intervention Level 0.5 Program; and

D. Therapeutic Group Homes.

.07 Telehealth Service Requirements.

A. Scope. This regulation applies to community-based behavioral health services delivered via synchronous telehealth which are eligible for reimbursement by the Public Behavioral Health System.

B. Covered Services. In accordance with Health-General Article, §15–141.2, Annotated Code of Maryland, community-based behavioral health services delivered via telehealth shall be:

(1) Medically necessary;

(2) Held with the program participant or, for family sessions or other services which are permitted to be held without the program participant in attendance, with the family or guardian of the participant;

(3) Provided to the same extent and standard of care as services provided in person;

(4) Within a behavioral health professional's scope of practice; and

(5) Permitted to be provided via telehealth as set forth in the chapter of this subtitle defining the program services being rendered.

C. The organization shall ensure that all rendering providers obtain the program participant's consent to services via telehealth, unless there is an emergency that prevents obtaining consent, which shall be documented in the program participant's medical record.

D. Medical Record Documentation. The organization shall ensure medical records for services rendered via telehealth:

(1) Are maintained in the same manner as during an in-person visit, using either electronic or paper medical records, in accordance with COMAR 10.63.04;

(2) Are retained according to the provisions of Health-General Article, §4-403, Annotated Code of Maryland; and

(3) Include program participant consent documentation as required in §C of this regulation.

E. Technical Requirements.

(1) An organization operating a program providing community-based behavioral health services through telehealth shall adopt and implement technology in a manner that supports the standard of care to deliver the required service.

(2) A service delivered through synchronous audio-visual telehealth shall, at minimum, meet the following technology requirements:

(a) Cameras at both the originating and distant sites that provide clear, synchronous video of the program participant and provider, respectively, with the ability to meet the clinical requirements of the service;

(b) Unless engaging in a telehealth session with a program participant who is deaf or hard of hearing, microphones and speakers at both the originating and distant sites, respectively, that provide clear, synchronous, two-way audio transmission;

(c) Network connectivity and bandwidth at both the originating and distant site sufficient to provide clear, synchronous two-way video and audio for the full duration of the service;

(d) Display monitor size sufficient to support diagnostic needs used in the telehealth services; and

(e) Utilization of technology that meets the standards required by State and federal laws governing the privacy and security of protected health information in accordance with the Health Insurance Portability and Accountability Act, 42. U.S.C. §§1320d—1320d-9 and implementing regulations at 45 CFR Part 160 and 164.

(3) An organization operating a program providing community-based behavioral health services through telehealth shall ensure the rendering provider is located within the United States or its territories for participation with the federal Medicaid program in accordance with 42 U.S.C. §1396(a)(80).

F. Confidentiality. An organization operating a program providing community-based behavioral health services through telehealth shall meet all confidentiality requirements in accordance with COMAR 10.63.04.

G. Limitations. An organization operating a program providing community-based behavioral health services through telehealth is subject to the following limitations on the provision of a service delivered via telehealth:

(1) A service delivered via telehealth is subject to the same program restrictions, preauthorizations, limitations, and coverage requirements that exist for services delivered in person;

(2) A service delivered via telehealth does not include:

(a) An electronic mail message between a licensed mental health professional and a program participant;

(b) A facsimile transmission between a licensed mental health professional and a program participant; or

(c) A telephone conversation, electronic mail message, or facsimile transmission between a licensed mental health professional without direct interaction with the program participant; and

(3) Any program specific limitations as set forth in the chapter of this subtitle defining the program services being rendered.

.08 Organization Grievance Policy.

A. Grievance Policy.

(1) An organization operating a community-based behavioral health program shall have a grievance policy.

(2) An organization shall provide program participants with a copy of the grievance policy when admitted.