

# IMPLEMENTING COMAR 10.63 FOR PROVIDERS

Spencer Gear, LCSW-C  
Behavioral Health Administration  
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MARYLAND  
Department of Health

# Background

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July 2011: Maryland Department of Health Secretary appointed Behavioral Health Integration Regulations Workgroup to develop integrated behavioral health regulations that reflect the following principles:

- Reflect and encourage both system and service integration
- Promote administrative simplicity
- Facilitate and support the use of evidence-based interventions
- Support a person-centered approach

# Background

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## Workgroup Recommendations:

- ❑ Require that most community-based programs currently regulated under COMAR 10.21 or COMAR 10.47 become accredited as a prerequisite to COMAR 10.63 license.
- ❑ Simplify State Regulations and eliminate those that duplicate accreditation standards.

# Why Accreditation?

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1. Accreditation organizations are proficient in responding to changes in practice standards:
  - a. Stay current with research on evidence-based practice and best practices
  - b. Solicit input from practitioners in the field
  - c. Update standards on a regular basis
2. Accreditation standards focus on program performance
3. Accreditation supports implementation of best practices
4. Accreditation requires adherence to behavioral health standards
5. Accreditation is accepted as the “gold standard” of quality in many somatic and other health settings

# Basics of COMAR 10.63

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COMAR 10.63 requires all covered programs to be licensed:

Accreditation and Licensing for almost all providers previously regulated under COMAR 10.21 or 10.47 or providing similar services

Licensing for all Driving Under the Influence (DUI) Education, Substance-Related Disorder Assessment and Referral Program, and Level 0.5 Early Intervention

# Exemptions

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The following Providers are exempt from the requirement:

Exempt Providers: See COMAR 10.63.01.04 for the complete list

Health Professionals in either solo or group practice who are licensed under the Health Occupations Article and operating within the scope of their licenses.

Other examples - Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Recovery Residences, Peer Support Services, Family-Provided Support Services, Employees' Assistance Program (EAP) of a business entity, Therapeutic Group Homes, Outpatient Behavioral Health Treatment and Rehabilitation Services provided in a regulated space of a hospital if the hospital is accredited by an approved accreditation organization under the accreditation organization's behavioral health standards.

# Regulations Chapters

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**10.63.01 Requirements for All Licensed Programs**

**10.63.02 Programs Required to be Accredited in Order to be Licensed to Provide Community –Based Behavioral Health Services**

**10.63.03 Descriptions and Criteria for Programs and Services Required to have an Accreditation-Based License**

**10.63.04 Additional Requirements for Accreditation-Based Licenses for Specific Residential Community-Based Behavioral Health Services**

**10.63.05 Descriptions and Criteria for Programs Requiring a Non-Accreditation-Based License**

**10.63.06 Application and Licensure Process**

# Key Steps to Accreditation and Licensing

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## FOUR STEPS:

- Receive Accreditation
- Receive Agreement to Cooperate from Core Service Agency (CSA), Local Addictions Authority (LAA) or Local Behavioral Health Authority (LBHA) in each jurisdiction in which the provider is operating services.
- Submit COMAR 10.63 Application to Behavioral Health Administration's Licensing Unit before January 1, 2018.
- Receive COMAR 10.63 License



# Proceeding through Steps

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Steps for providers that have not received accreditation:

- Apply for Accreditation to AO
- Obtain documentation from AO (i.e. survey date or accreditation letter/certification)
- Apply for COMAR 10.63 license before January 1, 2018. Application is checked for completeness.
- Apply for variance (if applicable). Variance is determined on a case-by-case basis.
- Receive Accreditation Decision.
- Obtain Agreement to Cooperate.
- Submit Accreditation Decision and Signed Agreement to Cooperate to BHA's Licensing Unit.
- Enter licensing queue
- Receive COMAR 10.63 License (if required documents were submitted and completed).

# Approved Accreditation Organizations

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ACCREDITATION - By one of four of MDH's approved National Accrediting Organizations (AO).

- Accreditation Commission for Health Care (ACHC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- The Joint Commission (TJC)

# Step 1: Accreditation

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- Providers may select an Accreditation Organization (AO) of their choice.
- Each AO has its own:
  - Cost structure
  - List of Services for which it will approved. (See Crosswalks on website)
  - Behavioral health standards to determine accreditation status
  - Mechanisms for approval, particularly initial approvals
- Providers must address questions and apply directly to the AO

# Timelines

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Providers, operating under COMAR 10.21 and COMAR 10.47, that wish to continue operation after April 1, 2018 **must submit a completed COMAR 10.63 licensure application to BHA before January 1, 2018.**

Existing Certifications and Approvals may be extended until March 31, 2018.

All Programs covered under the regulation must be licensed under COMAR 10.63 in order to operate after April 1, 2018.

# Some items to take note of:

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- ❑ To meet the January 1, 2018 deadline, providers should apply to BHA for a COMAR 10.63 license **as soon as** the Accrediting Organization acknowledges their application for accreditation.
- ❑ BHA will accept COMAR 10.63 **completed** licensure applications that are missing the Accreditation Certification and Agreement to Cooperate.
- ❑ A provider's COMAR 10.63 licensure application that is missing the Accreditation Certification and Agreement to Cooperate will be placed on hold, pending the provider's submission of the Accreditation Certification and Agreement to Cooperate within a specified time frame. Additional information is forthcoming about this content in a Provider Alert.

# Step 2: Agreement to Cooperate

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- ❑ The Agreement to Cooperate form is on BHA's website under Accreditation > "Licensing Information" > "Agreement to Cooperate."
- ❑ An Agreement to Cooperate is required for each jurisdiction in which the provider is operating in.
- ❑ If a provider is offering both MH and SRD services, then an Agreement to Cooperate is needed with both CSA and LAA, or LBHA.
- ❑ After the CSA/LAA/LBHA signs the Agreement to Cooperate, the provider must include the document in the COMAR 10.63 license application.

# Avoid Application errors

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- Complete one Page 2 for your whole agency, Page 3-4 for all sites
- Fill out the application completely
- Sign attestation(s)
- Provide accreditation letters and reports
- Provide Agreement to Cooperate
- Provide Use & Occupancy Permit & Fire Inspection Report for proposed site

# Avoiding Application Errors

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- ❑ Provide an Agreement to Cooperate, signed by the applicant and appropriate CSA/LAA/LBHA from each jurisdiction in which the provider operates in
- ❑ Provide all required supplemental documents (e.g., RRP Site approvals, DUI curriculum, etc.). You only need one copy of agency-wide items like CARF reports, SDAT, etc. Don't need multiples.
- ❑ An application missing any required information is incomplete and may be returned (see COMAR 10.63.06.02B)
- ❑ Note that a license application is not considered submitted until all required elements are complete.



# Getting Help

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BHA:

<https://bha.health.maryland.gov/Pages/Accreditation-Information.aspx>

QUESTIONS: [bha.regulations@maryland.gov](mailto:bha.regulations@maryland.gov)