

**Title 10 MARYLAND DEPARTMENT OF HEALTH**  
**Subtitle 63 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES**  
**Chapter 03 Descriptions and Criteria for Programs and Services Required to Have an Accreditation-Based License**

**Symbol Key**

- Roman type indicates existing text regulations
- Italic type indicates proposed new text
- [Single bracket] indicates text proposed for deletion

10.63.03.03

**.03 Intensive Outpatient Treatment Level 2.1 Program.**

A. To be licensed under this subtitle, an intensive outpatient treatment level 2.1 program shall provide structured outpatient substance-related disorder treatment based on a comprehensive assessment, for:

- (1) Individuals who meet the *current* ASAM Criteria for level 2.1; and
- (2) (text unchanged)

B. (text unchanged)

*C. An intensive outpatient treatment level 2.1 program shall meet the current ASAM criteria for level 2.1 Intensive Outpatient Services.*

*D. A program must have a clinical director approved by the Board of Professional Counselors and Therapists to supervise alcohol and drug counselors or trainees.*

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

- (1) Licensed or certified as 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 abuse treatment.*

*F. Required management staff in this program, subject to the requirements of COMAR 10.63.01.05I include the Clinical Director.*

10.63.03.04

**.04 Mobile Treatment Services Program.**

In order to be licensed under this subtitle, a mobile treatment services program shall:

A. Provide intensive, assertive outpatient mental health treatment and support services by a multidisciplinary team to an individual who is homeless or is otherwise unable or unwilling to access traditional outpatient treatment services as follows:

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

(2) *With the level of service intensity and frequency that is:*

*(a) Individually determined based on an ongoing comprehensive clinical, functional, and psychosocial assessment of the individual's strengths, resources, preferences, needs, and goals;*

*(b) Appropriately adjusted in response to the individual's changing needs over time; and*

*(c) Reflected in the individual's Individual Treatment Plan (ITP); and*

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

*(a) Capacity for in-person crisis assessment and interventions, as clinically indicated, in home or other community-based settings; and*

*(b) Access to a person-centered, functional crisis plan;*

B. Be designed to enable the individual to remain in the community, thus reducing admissions to emergency rooms, inpatient facilities, or detention facilities; and

C. *Conduct a functional assessment of each individual on the tool established by the Administration and submit item ratings, scores, and other requested information in the time and manner prescribed by the Administration;*

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

E. *Consist of a multidisciplinary team including, at a minimum:*

*(1) A program director that is a mental health professional;*

*(2) A psychiatrist or licensed psychiatric nurse practitioner;*

*(3) A licensed registered nurse;*

*(4) At least one licensed social worker or licensed master social worker;*

*(5) At least one mental health professional who may include the staff identified in §B(3)(b)(iii) and (iv) of this regulation; and*

F. *Maintain sufficient staffing to fulfill the following service requirements including:*

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

*(2) Medication services;*

- (3) *Independent living skills assessment and training;*
- (4) *Health promotion and training;*
- (5) *Interactive therapies;*
- (6) *Crisis intervention services; and*
- (7) *Support, linkage, and advocacy*

*G. For dates of service between October 1, 2018 and September 30, 2021, a health care service provided through telehealth is equivalent to the same health care service provided through an in-person visit if the service provided through telemedicine is provided by a fully integrated psychiatrist or nurse practitioner attached to an ACT or mobile treatment program.*

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

*I. A program operating Mobile Treatment Services as an Evidence-Based Practice Assertive Community Treatment Program shall maintain the current Evidence-Based Practice fidelity requirements adopted for Assertive Community Treatment by the Administration. In the event that the program is no longer able to meet the fidelity standards for any reason the organization shall inform the Administration within 14 days.*

10.63.03.05

**.05 Outpatient Mental Health Center.**

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

*A. Be eligible for approval as an outpatient mental health center (OMHC), if the applicant demonstrates experience providing mental health services for a minimum of 1 year in:*

- (1) A group practice; or*
- (2) A program currently approved under COMAR 10.21 or licensed as an Outpatient Treatment Center or Mobile Treatment Service under COMAR 10.63;*

[A.] *B. (text unchanged)*

[B.] *C. (text unchanged);*

[C.] *D. Employ a medical director, who:*

- (1) Is a psychiatrist; CRNP-PMH, or APRN-PMH;*
- (2) [Has over-all responsibility for clinical services; and] Is responsible for assuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services are conducted in compliance with State and federal regulations at all times;*
- (3) Shall be on-site at the program a sufficient number of hours to assure regulatory compliance and carry out those duties specifically assigned to the medical director by regulation;*

*(4) May directly provide the required services to patients or assure that the needed services are provided by appropriately trained and licensed providers in compliance with federal and State regulations;*

*[(3)] (5) Provide clinical oversight [ Is] on-site or through telehealth technology at least 20 hours per week at one or more program locations operated by the organization;*

*(6) Is limited to working in the Medical Director role for a maximum of 40 regularly scheduled hours totaled across all organizations in which the individual is employed;*

*(7) Must be available for consultation during the normal operating hours of the program; and  
and*

*[D.] E. Employ multidisciplinary clinical treatment staff [who is] authorized to provide the services under Health Occupations Article, Annotated Code of Maryland.*

*F. Provide access to on-call telephone after-hours support by a licensed mental health professional.*

*G. Required management staff in this program, subject to the requirements for reporting of vacancies under COMAR 10.63.01.05.I include the Medical Director.*

*10.63.03.06*

**.06 Outpatient Treatment Level 1 Program.**

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

*(1) For individuals who:*

*(a) Meet the current ASAM Criteria for level 1;*

*(b) (text unchanged)*

*(2) (text unchanged)*

*B. (text unchanged)*

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

*D. A program must have a clinical director who is on-site during regular operating hours at least 20 hours and shall be approved by the Board of Professional Counselors and Therapists to supervise alcohol and drug counselors or trainees.*

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

*(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 abuse treatment*

*F. The adult patient to alcohol and drug counselor ratio may not exceed 30 adult patients weekly to one full-time alcohol and drug counselor.*

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

10.63.03.07

**.07 Partial Hospitalization Treatment Level 2.5 Program.**

A. A partial hospitalization treatment level 2.5 program shall provide structured outpatient substance-related disorder treatment based on a comprehensive assessment for:

(1) Individuals who meet the *current* ASAM Criteria for level 2.5; and

(2) (text unchanged)

B. (text unchanged)

*C. A partial hospitalization treatment level 2.5 program shall meet the current ASAM criteria for Level 2.5 Partial Hospitalization Services.*

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

*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 abuse treatment.*

*F. The average patient to alcohol and drug counselor ratio may not exceed 15 patients to one full-time alcohol and drug counselor.*

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

10.63.03.08

**.08 Psychiatric Day Treatment Program (PDTP).**

In order to be licensed under this subtitle, a psychiatric day treatment program (PDTP) shall:

A.—C. (text unchanged)

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

10.63.03.09

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

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

A. (text unchanged)

*B. Provide medically necessary and appropriate services based on a professional referral and assessment, to include:*

*(1) A referral made from a licensed mental health professional who does not work in or receive a remuneration in any form from the PRP, based on a comprehensive, documented, clinical assessment of the individual's need for the service and determination that the service is medically necessary and appropriate.*

*(2) Clinical reassessment and certification of the ongoing need for services by licensed mental health professional at minimum every six months;*

*(3) A functional assessment of each individual on the tool established by the Administration and submit to the Administration item ratings, scores, and other requested information to the Administration in the time and manner prescribed by the Administration.*

*(4) An individualized rehabilitation plan, which shall be completed, in collaboration with the individual served, within 30 calendar days of admission.*

*(5) Updated rehabilitation plans, completed in collaboration with the with the individual served, at minimum every six months.*

[B.] C. (text unchanged)

[C.] *D. Be under the direction of a rehabilitation specialist who [is] has a minimum of 2 years direct care experience working with adults with a serious emotional disorder and is:*

[(1) A licensed mental health professional;

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

(3) Certified by the Psychiatric Rehabilitation Association; and]

*(1) Licensed under the Health Occupations Act as one of the following:*

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

*(b) A licensed mental health professional certified at the graduate level, receiving documented supervision in accordance with licensing Board requirements by a licensed mental health professional who is an employee of the organization,*

- (c) A licensed occupational therapist;*
- (d) A registered nurse with a BSN and holds a psychiatric mental health nursing certification from the American Nurses Credentialing Center; or*
- (2) At minimum, a graduate of an accredited bachelor's program; and*
- (3) Certified in the practice of psychiatric rehabilitation or rehabilitation counseling through:*
  - (a) The Commission on Rehabilitation Counselor Certification; or*
  - (b) The Psychiatric Rehabilitation Association.*

*[D.] E. Employ the rehabilitation specialist in [C] D of this regulation:*

- (1) At least 20 hours per week when the program serves less than 30 individuals on its active monthly caseload; or*
- (2) 40 hours per week when the program serves 30 individuals or more on its active monthly caseload; and.*

*F. Ensure that the rehabilitation specialist works a maximum of 40 regularly scheduled hours totaled across all organizations in which the individual is employed.*

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

*H. Maintain a licensed service site, which shall not be a residence, which is open and accessible to the public in each LDA jurisdiction:*

- (1) In which the provider renders services, or*
- (2) From which the provider draws 10 or more individuals on its active monthly caseload.*

*I. Ensure the licensed service site in each LDA jurisdiction described in 10.63.03.09.xx. shall:*

- (1) Include confidential space for interviewing persons served which is not shared with outside parties;*
- (2) Have secure locked storage for documentation; and*
- (3) Not be a residence*

*J. Include the rehabilitation specialist as 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 this chapter.*

*K. Staff properly hired under the conditions of COMAR 10.63 as Rehabilitation Specialists prior to [date of promulgation] shall have two years from [date of promulgation] to come into compliance with the conditions outlined in this regulation.*

*10.63.03.10*

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

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

- (1) Promote resiliency *including the skills and needed mind-set to restore a marked sense of health and well-being*; and
- (2) Facilitate the development or restoration of appropriate skills in an individual younger than 18 years old including but not limited to:
  - (a) Self-care skills; *social, peer, family and teacher interactive engagement*
  - (b) *Promoting pro-social and regulatory skills for improving [Social]social, peer, family, and teacher [interactions] interactive engagement*; and
  - (c) Semi-independent living skills *that are age appropriate, and enhance the minor's ability to accomplish activities of daily living and maintaining safety*; and
- (3) [Promote successful integration into the community and the use of community resources] *Promoting meaningful opportunities for community access and integration, including developing natural supports and interests, and*
- (4) *Community living skills; promoting resiliency, including the skills and needed mind-set to restore a marked sense of health and well-being*;

B. *Services shall be medically necessary and appropriate, and based on professional referral and assessment, to include:*

- (a) *A referral made from a licensed mental health professional who does not receive remuneration in any form from the PRP, based on a comprehensive, documented, assessment of the individual's need and medical necessity for the service.*
- (b) *Reassessment and certification of the ongoing need for services by a Licensed Mental Health Professional, who is providing treatment, at minimum every six months;*
- (c) *A comprehensive Rehabilitation Assessment and Individualized Rehabilitation plan, which shall be completed, in collaboration with the individual served, within 10 visits.*
- (d) *Updated rehabilitation plans, completed in collaboration with the individual served, at minimum every six months.*

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

- [(1) A licensed mental health professional; or



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

(1) *Licensed under the Health Occupations Act as one of the following:*

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

(b) *A licensed mental health professional certified at the graduate level, receiving documented supervision in accordance with licensing Board requirements by a licensed mental health professional who is an employee of the organization, or*

(c) *A Licensed Occupational Therapist;*

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

(2) *At minimum, a graduate of an accredited Bachelor's program; and*

(3) *Certified in the practice of psychiatric rehabilitation or rehabilitation counseling through:*

(a) *The Commission on Rehabilitation Counselor Certification; or*

(b) *Certified by the Psychiatric Rehabilitation Association; and*

[C.]D. *Employ the rehabilitation specialist in C. of this regulation:*

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

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

(3) *During the regular working hours during in the program provides routine services and the majority of its rehabilitation staff are working.*

E. *The rehabilitation specialist shall:*

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

(2) *Not be the primary treating therapist for any participant in the program.*

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

G. *Maintain a licensed service site open and accessible to the public in each jurisdiction:*

(1) *In which the provider provides services, or*

(2) *From which the provider draws 10 or more individuals on its active monthly caseload.*

H. *The licensed service site in each jurisdiction described in J., in this regulation shall:*

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

*(2) Have secure locked storage for documentation; and*

*(3) Not be a residence.*

*I. 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 Rehabilitation Specialist.*

*J. Staff properly hired under the conditions of COMAR 10.63 as Rehabilitation Specialists prior to [date of promulgation] shall have two years from [date of promulgation] to come into compliance with the conditions outlined in C 1.*

*10.63.03.11*

***.11 Residential-Low Intensity Level 3.1 Program.***

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

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

*(2) (text unchanged)*

*B. [Services] Therapeutic substance use disorder treatment services shall be:*

*(1)—(2) (text unchanged)*

*C. (text unchanged)*

*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:*

*a) A part-time program director on-site 20 hours per week;*

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

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

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

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

*(c) An additional licensed or certified counselor on-site 40 hours per week;*

*(d) Peer support staff; and*

*(e) At least one staff member on duty between 11 p.m. and 7 a.m. who is:*

*(i) Certified in cardiopulmonary resuscitation;*

*(ii) Certified in Narcan administration; and*

*(iii) Trained in crisis intervention.*

*(f) At least one staff member to be on duty at all times:*

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

*H. The program shall develop written procedures to hold securely 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 10.63.04.07.*

*J. Maintain adequate documentation of each clinical contact with a participant as part of the medical record, which includes, at a minimum:*

*(a) An individualized treatment plan;*

*(b) The date of all clinical encounters with start and end times and a description of services provided;*

*(c) Documentation of all clinical services received by the participant;*

*(d) Progress notes updated on each day services are provided;*

*(e) An individualized discharge plan; and*

*(f) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title on all clinical progress notes;*

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

*10.63.03.12*

*.12 [Residential-Medium Intensity Level 3.3 Program.] Clinically-Managed Population-Specific High Intensity 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, [medium intensity,] population-specific high intensity residential substance-related treatment services [substance-related disorder treatment] 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) (text unchanged)*

*(3) To individuals who:*

*(a) Meet the current ASAM Criteria for level 3.3;*

*(b)—(f) (text unchanged)*

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

*(1)—(2) (text unchanged)*

*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;*

*(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;*

*(b) Trained in crisis intervention; and*

*(5) At least one staff member to be on duty at all times*

*(7) 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 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:*

*(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.*

*(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 abuse treatment.*

*F. A program operating as a residential level 3.3 shall additionally meet the requirements outlined in COMAR 10.63.04.07.*

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

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

*I. Maintain adequate documentation of each clinical contact with a participant as part of the medical record, which includes, at a minimum:*

- (a) An individualized treatment plan;*
  - (b) The date of all clinical encounters with start and end times and a description of services provided;*
  - (c) Documentation of all clinical services received by the participant;*
  - (d) Progress notes updated on each day services are provided;*
  - (e) An individualized discharge plan; and*
  - (f) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title on all clinical progress notes;*
- J. Maintain adequate documentation indicating that the participant continues to meet the medical necessity criteria for the applicable ASAM level of care;*
- 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.I include the Facility Director, Clinical Supervisor and physician.*

10.63.03.13

***.13 Residential-High Intensity Level 3.5 Program.***

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

*(1)—(3) (text unchanged)*

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

*B. (text unchanged)*

*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;*

*(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;*
- (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.*
  - (g) Other qualified staff sufficient to meet the needs of this level of service.*
- 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 abuse treatment.*
- F. A program operating as a residential-High Intensity level 3.5 shall additionally meet the requirements outlined in COMAR 10.63.04.07.*
- G. Maintain adequate documentation of each clinical contact with a participant as part of the medical record, which includes, at a minimum:*
  - (a) An individualized treatment plan;*
  - (b) The date of all clinical encounters with start and end times and a description of services provided;*
  - (c) Documentation of all clinical services received by the participant;*
  - (d) Progress notes updated on each day services are provided;*

*(e) An individualized discharge plan; and*

*(f) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title on all clinical progress notes;*

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

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

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

*K. 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).*

*L. 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 Clinical Supervisor.*

*10.63.03.14*

***.14 Residential-Intensive Level 3.7 Program.***

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

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

*(2)—(5) (text unchanged)*

*B.—C. (text unchanged)*

*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) Nurse 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 Intensity 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 abuse treatment.*

*G. All new Level 3.7 programs must 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 10.63.04.07.*

*I. Maintain adequate documentation of each clinical contact with a participant as part of the medical record, which includes, at a minimum:*

*(a) An individualized treatment plan;*

*(b) The date of all clinical encounters with start and end times and a description of services provided;*

*(c) Documentation of all clinical services received by the participant;*

*(d) Progress notes updated on each day services are provided;*

*(e) An individualized discharge plan; and*

*(f) An official e-Signature, or a legible signature, along with the printed or typed name of the individual providing care, with the appropriate degree or title on all clinical progress notes;*

*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 quickly to emergencies*

*L. The program shall develop written procedures to hold securely 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.*

*10.63.03.15*

***.15 Respite Care Services Program (RPCS).***

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

*A. Shall provide short-term, in home or overnight temporary services to support an individual to remain in the individual's home:*

*(1) Through [enhanced] support or a temporary alternate living arrangement; or*

*(2) (text unchanged)*

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

*10.63.03.16*

***.16 Supported Employment Program (SEP).***

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

*A. [Provide services designed to assist an individual to choose, obtain, and maintain competitive employment; and] Provide pre-placement, job development, job placement, intensive job coaching, and ongoing employment support services that:*

*(1) Are designed to assist an individual to choose, obtain, maintain, and advance within competitive integrated employment;*

*(2) Are based on an ongoing, work-based assessment of the individual's employment interests, preferences, skills, resources, and needs: and*

*(3) Include a minimum of one monthly contact with the employer unless the individual has chosen not to disclose his or her disability to the employer.*

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

*(1) Compensation of at least minimum wage;*

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

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

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

*C. Not procure or support any agency-sponsored employment.*

*D. Employ a Program Director who:*

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

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

*(3) May also serve as an Employment Specialist; and*

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

*(5) Is certified as an Individual Placement and Support (IPS) practitioner by the IPS Employment Center at the Rockville Institute; or*

*(6) Is certified as an Employment Support Professional by the Association of People Supporting Employment First (APSF);*

*E. Employ one full-time Employment Specialist to provide services under §A of this regulation for every 20 individuals on the program's active caseload.*

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

*G. Establish a cooperative agreement with the Division of Rehabilitation Services (DORS) for the provision of supported employment services prior to the provision of any services under §A of this regulation.*

*H. Be licensed as a Psychiatric Rehabilitation Program for Adults.*

*I. 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 Program Director.*

*10.63.03.17*

**.17 Substance-Related Disorder Treatment Program in Correctional Facilities.**

NO CHANGE

10.63.03.18

**.18 Withdrawal Management Service.**

*A withdrawal management service is one that:*

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

*(1)—(2) (text unchanged)*

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

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

*(5) Outpatient Mental Health Center*

*B.—D. (text unchanged)*

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

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

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

*(2) Medically monitors each patient; and*

*G. A withdrawal management service shall meet the current ASAM criteria for Withdrawal Management corresponding to its level of care.*

10.63.03.19

**.19 Opioid Treatment Service.**

An opioid treatment service is one that:

A. Complies with the requirements of 42 CFR §8;

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

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

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

*(2) Does not have any restrictions on any required State or federal license;*

*(3) Must be available for consultation during the normal operating hours of the program;*

*(4) Takes an active part in interdisciplinary team meetings, not less than every 2 weeks;*

*(5) Must have successfully completed training in the use of buprenorphine required by the Drug Addiction Treatment Act 2000;*

*(6) Is responsible for assuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services offered are conducted in compliance with State and federal regulations at all times. The medical director shall be on-site at the program a sufficient number of hours to assure regulatory compliance and carry out those duties specifically assigned to the medical director by regulation. The medical director may directly provide the required services to patients or assure that the needed services are provided by appropriately trained and licensed providers in compliance with federal and State regulations;*

*(7) A program unable to hire a medical director who meets the criteria set forth in § of this chapter may hire an interim medical director under the following conditions:*

*(a) The program shall submit, for the Administration's approval, a training plan for the interim medical director to achieve the necessary qualifications;*

*(b) The plan shall address a means for achieving minimal competencies and proficiencies until the interim medical director meets qualifications set forth in § of this chapter; and*

*(c) The interim medical director shall meet the qualifications within 48 months of being hired;*

*C. (text unchanged)*

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

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

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

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

*(3) After completion of 1 year of continuous treatment and if the patient meets the requirements for unsupervised or take home use set forth in CFR 42 §8.12(i), the individualized treatment plan may be updated every 180 days and signed by the drug and alcohol counselor and the patient;*

*F. Infectious Disease Education. Within the first 30 days of treatment, a program shall ensure and document in the patient record that human immunodeficiency virus, hepatitis, sexually transmitted diseases, and tuberculosis education was completed, including:*

*(1) Risk assessment;*

*(2) Risk reduction; and*

*(3) If appropriate, referral for counseling and testing;*

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

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

(2) Withdrawal management services at ASAM levels 3.2-WM and 3.7-WM as described in Regulation .18 of this chapter; [or]

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

(4) *Nursing homes, assisted living facilities, rehabilitation facilities, or any residential program licensed by the Department;*

[F.] H.—[G.] I. (text unchanged)

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

(1)—(5) (text unchanged)

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

(7) (text unchanged)

(8) *Fentanyl; and*

(9) *Other substances as identified by the Department;*

[I.] K.—[J.] L. (text unchanged)

[K.] M. Requires that a patient show evidence of the availability of locked storage before a patient may take home any dose of medication; [and]

[L. Provides clinical services addressing any substance-use disorders to each patient.]

*N. Provides 24 hour telephone emergency response capability staffed by licensed or certified individuals credentialed to assess clinical issues arising during treatment;*

*O. Dispensing Methadone and Other Medication-Assisted Treatment;*

(1) *A registered nurse or licensed practical nurse working in a methadone clinic licensed by the Maryland Department of Health may dispense methadone in accordance with:*

(a) *The patient's standing medication order;*

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

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

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

*(a) In tamper evident containers;*

*(b) In child resistant containers; and*

*(c) With any required patient information documents;*

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

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

*P. 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 Medical Director.*