COMAR 10.21.11
Community Behavioral Health Programs – Application
and Licensure Processes and Program Descriptions

.01 Scope.
This chapter outlines the process for application to and the requirements for a program to be licensed to provide community behavioral health treatment, care, or rehabilitation services.

.02 Definitions.
In this chapter, terms have the meanings stated in COMAR 10.21.XX.

.03 License Required.
A. Except as provided in Regulation .04 of this chapter, all community behavioral health programs must have a valid and current license issued by the Department in order to operate in Maryland.
B. The license is not transferrable to any other person, program, or entity.
C. A program seeking licensure under this chapter must:
(1) Agree to collaborate with all CSAs, LAAs, or LBHAs, as appropriate, where the program proposes to provide services; and
(2) Obtain a written collaboration agreement with the appropriate CSA, LAA, or LBHA, as appropriate.

.04 Exempt Entities.
The following entities are exempt from the requirements of Departmental licensure under this chapter:
A. A health professional, in either a solo practice or group practice, who is licensed under the Health Occupations Article and who is providing services in accordance with the requirements of the appropriate professional board;

B. Alcoholics Anonymous, Narcotics Anonymous, recovery residences, peer support services, family support services, or other similar organizations, that hold meetings or provide support services but do not provide any type of treatment;

C. An employees’ assistance program of a business entity;

D. All outpatient behavioral health treatment and rehabilitation services, including psychiatric day treatment services, provided in regulated space of a hospital, as defined in §19-301 of the Health-General Article, if the services are accredited by an approved accreditation organization under the accreditation organization’s behavioral health standards; and

E. A therapeutic group home authorized under Health-General Article, §§10-920 – 10-923, Annotated Code of Maryland, COMAR 10.21.07, and COMAR 14.31.05, .06, and .07.

.05 Program Descriptions and Criteria.

A. Community mental health programs that require a license under this Chapter include:
(1) Group Homes for Adults with Mental Illness. A Group Home for Adults with Mental Illness:

(a) Is defined in Health-General Article, § 10-514 (b), (d), and (e), Annotated Code of Maryland;

(b) Provides a home-like, supportive residential environment:

(i) For more than 3, but not more than 8, individuals with a mental health disorder; or

(ii) For more than 9, but not more than 16 individuals at the time of the effective date of this chapter;

(c) Meets the site requirements outlined in Regulation .14 of this chapter, as verified through an annual site inspection conducted by the CSA; and

(2) Mobile Treatment Services (MTS) program. A Mobile Treatment Services (MTS) program:

(a) Provides intensive, assertive outpatient mental health treatment and support services to an individual who is homeless or is otherwise unable or unwilling to access traditional outpatient treatment services:

(i) Flexibly, in a community setting deemed appropriate to the individual;

(ii) By a multi-disciplinary team; and

(iii) On an on-call basis, 24 hours per day, seven days a week;
(b) Is designed to enable the individual to remain in the community, thus reducing admissions to emergency rooms, inpatient facilities, or detention facilities; and

(c) Provides discharge services, including the development of a transition plan and arranging to initiate authorized services prior to the planned discharge:

(i) When an individual no longer wishes to participate, has progressed to other less intensive services, is relocating, or is inpatient; and

(ii) In collaboration with the individual, the treatment team, family members, and significant others, as designated by the individual, the CSA, the ASO, and designated transition service providers.

(3) Outpatient Mental Health Center (OMHC). An Outpatient Mental Health Center (OMHC):

(a) Provides regularly-scheduled outpatient mental health treatment services in a community-based setting;

(b) Is under the direction of a medical director, who:

(i) Is a psychiatrist;

(ii) Has over-all responsibility for clinical services; and

(iii) Is on-site at least 20 hours per week;

(c) Provides, at a minimum, individual, group, and family therapy,
and medication management; and

(d) Employs a multi-disciplinary clinical treatment staff that are authorized to provide the services pursuant to Health Occupations Article, Annotated Code of Maryland.

(4) Psychiatric Day Treatment Program (PDTP). A Psychiatric Day Treatment Program (PDTP):

(a) Provides short-term intensive day or evening mental health treatment and support services for an individual who does not require 24-hour care;

(b) Focuses on the amelioration of an individual’s acute psychiatric symptoms; and

(c) Is medically supervised and staffed by a multi-disciplinary treatment team that includes, at a minimum, a psychiatrist and a registered nurse.


(a) Provides community-based comprehensive rehabilitation services and supports, including, but not limited to:

   (i) Community living skills;

   (II) Activities of daily living; and

   (III) Family and peer support;

(b) Promotes successful community integration and use of
community resources; and

(c) Is under the direction of a rehabilitation specialist who:

(i) Is a licensed mental health professional;

(ii) Is certified by the Commission on Rehabilitation Counselor Certification; or

(iii) Is certified by the U.S. Psychiatric Rehabilitation Association.


(a) Provides community-based comprehensive rehabilitation services and supports designed to promote resiliency and facilitate the development or restoration of a minor’s age-appropriate skills, including but not limited to:

(i) Self-care skills;

(ii) Social, peer, family, and teacher interactions; and

(iii) Semi-independent living skills;

(b) Promotes successful integration and the use of community resources; and

(c) Is under the direction of a rehabilitation specialist who:

(i) Is a licensed mental health professional; and

(ii) Has a minimum of 2 years direct care experience working with youth with a serious emotional disorder.
(7) Residential Crisis Services (RCS) program. A Residential Crisis Services (RCS) program:

(a) Provides short term mental health treatment and support services in a structured environment for an individual who requires 24-hour supervision due to a psychiatric crisis;

(b) Is designed to prevent a psychiatric inpatient admission, provide an alternative to psychiatric inpatient admission, or shorten the length of inpatient stay;

(c) Has staff that is on-site 24 hours per day, 7 days per week, whenever an individual is on-site receiving services;

(d) For adults, meets the site requirements outlined in Regulation .14 of this chapter, verified through an annual site inspection conducted by the CSA; and

(e) For minors, may be offered in an appropriately licensed therapeutic foster care home.

(8) Residential Rehabilitation Program (RRP). A residential rehabilitation program (RRP):

(a) Is operated by a licensed PRP-A;

(b) Leases or owns the RRP sites;

(c) Is approved by BHA for RRP funding;

(d) Provides a home-like, supportive residential environment;

(e) For no more than 3 individuals per RRP site, unless also licensed
as a group home as outlined in regulation .05A(1) of this chapter;

(f) Promotes the individual’s ability to engage and participate in appropriate community activities;

(g) Enables the individual to develop the daily living skills needed for independent functioning;

(h) Has:

   (i) On-site staffing that meets the needs of the individuals served; and

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

(i) Meets the site requirements as outlined in Regulation .14 of this chapter, verified through an annual site inspection conducted by the CSA; and

(j) Has a written policy regarding the development of and process for the implementation of a managed intervention plan (MIP) for an individual receiving residential services who may be at risk of an unplanned discharge:

   (1) Developed in collaboration with the individual, treatment team members, and appropriate CSA; and

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

and

(k) If an MIP is executed, develops a transition plan:

(1) In collaboration with the individual, treatment team

members, appropriate CSA, and ASO;

(2) That includes the elements outlined in §j(3) of this section.

(9) Respite Care Services (RPCS) program. A Respite Care Services Program (RPCS):

(a) Is operated by a licensed OMHC, PRP-A, PRP-M, or MTS;

(b) Provides short-term, temporary services to support an individual

to remain in the individual's home through:

(i) Enhanced support or a temporary alternate living

arrangement; or

(ii) Temporarily freeing the caregiver from the responsibility

of caring for the individual; and

(c) For minors, may be offered in an appropriately licensed

therapeutic foster care home.

(10) Supported Employment Program (SEP). A Supported Employment

Program (SEP):

(a) Provides services designed to assist an individual to chose, obtain,

and maintain competitive employment; and

(b) Assists an individual to obtain competitive employment in an
integrated work environment that provides:

(i) Compensation of at least minimum wage;

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

(iii) Additional supports, as needed, delivered where appropriate.

B. Community substance use disorder programs that require a license under this Chapter include:

(1) Early intervention Level 0.5 programs that:

(a) Provide services to an individual:

(i) Who meets the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for Level .05, or its equivalent, as approved by the Department;

(ii) For whom a substance use disorder is not documented; and

(iii) Who is, for a known reason, at risk for developing a substance use disorder;

(b) Complete a comprehensive assessment for each participant, unless the participant has received an assessment by a licensed or certified clinician, or licensed program within the past year, that assesses history and current status in the following areas:
(i) Alcohol, tobacco, and other drug use (ATOD);
(ii) Employment or financial support;
(iii) Gambling behavior;
(iv) ATOD and gambling treatment history;
(v) Mental health;
(vi) Legal involvement;
(vii) Family and social systems;
(viii) Educational involvement; and
(ix) Somatic health, including a review of medications;

(c) If the assessment determines that referral to a treatment program or other services as indicated, makes the referral to a treatment program or other services as indicated; and

(d) Provides alcohol and drug education services.

(2) Outpatient Services Level 1 programs that provide outpatient substance use disorder evaluation and treatment for an individual who:

(a) Meets the ASAM Patient Placement Criteria for Level 1, or its equivalent, as approved by the Department;

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

(c) If an adult, requires services for fewer than 9 hours weekly, or, if an adolescent, for fewer than 6 hours weekly.
(3) Intensive outpatient services Level 2.1 programs that provide structured outpatient substance use disorder evaluation and treatment for:

(a) Individuals who meet the ASAM Patient Placement Criteria for level 2.1, or its equivalent, as approved by the Department; and

(b) Adults, from 9 to 20 hours weekly, and adolescents for 6 to 20 hours weekly.

(4) Partial hospitalization services Level 2.5 programs that provide structured outpatient substance use disorder evaluation and treatment for:

(a) Individuals who meet the ASAM Patient Placement Criteria for level 2.5, or its equivalent, as approved by the Department; and

(b) From 20 to 35 hours weekly.

(5) Residential service – clinically-managed, low intensity treatment Level 3.1 programs that provide low-intensity treatment Level 3.1 substance use disorder services to individuals:

(a) Who meet the ASAM Patient Placement Criteria for level 3.1, or its equivalent, as approved by the Department;

(b) Who are capable of self-care but are not ready to return to family or independent living; and

(c) For a minimum of 5 hours per week, directed toward:
(i) Preventing relapse;
(ii) Applying recovery skills;
(iii) Promoting personal responsibility; and
(iv) Reintegration.

(6) Residential services – clinically-managed, medium-intensity treatment

Level 3.3 programs that provide substance use disorder services:

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

(b) To individuals who:

(i) Meet the ASAM Patient Placement Criteria for level 3.3, or its equivalent, as approved by the Department;

(ii) Are chronic alcohol- or other drug-dependent;

(iii) Do not need skilled nursing care;

(iv) May have a history of multiple admissions to substance use disorder programs described in this chapter;

(v) May have physical or mental disabilities resulting from a prolonged substance use disorder; and

(vi) Have been identified as requiring a controlled environment and supportive therapy for an indefinite period of time; and

(c) From 20 to 35 hours weekly.
(7) Residential services – Clinically-managed high-intensity treatment Level 3.5 programs that provide residential substance use disorder services:

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

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

(c) To individuals who meet the ASAM Patient Placement Criteria for level 3.5, or its equivalent, as approved by the Department; and

(d) For a minimum of 36 hours of therapeutic activities a week.

(8) Residential Services – Medically-monitored intensive inpatient treatment Level 3.7 programs that provide residential substance use disorder services:

(a) To individuals who meet the ASAM Patient Placement Criteria for level 3.7, or its equivalent, as approved by the Department;

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

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

(d) For a minimum of 36 hours of therapeutic activities a week; and

(e) While meeting the requirements for withdrawal management services as outlined in §C(1) of this regulation.
(9) DUI education programs that:

(a) Provide services to individuals convicted under Transportation Article, §21-902, Annotated Code of Maryland, and ordered under Criminal Procedure Article, §6-219, Annotated Code of Maryland, to attend an education program;

(b) Complete a comprehensive assessment for each participant, unless the participant has received an assessment by a licensed or certified clinician, or licensed program within the past year, that assesses history and current status in the following areas:

   (i) Alcohol, tobacco, and other drug use (ATOD);

   (ii) Employment or financial support;

   (iii) Gambling behavior;

   (iv) ATOD and gambling treatment history;

   (v) Mental Health;

   (vi) Legal involvement;

   (vii) Family and social systems;

   (viii) Educational involvement; and

   (ix) Somatic health, including a review of medications;

(c) If the assessment determines that referral to an ASAM level of care is indicated, makes the referral and notifies the court of the results of the assessment;
(d) Requires participants to successfully complete, at a minimum, six weekly, 2-hour sessions for a total of 12 hours;

(e) Has instructors who, at a minimum, are certified as a Certified Supervised Counselor – Alcohol and Drug, as defined by Health Occupations Article, Title 17, Annotated Code of Maryland;

(f) Teaches the Administration’s curriculum or an equivalent curriculum approved by the Department, which covers:

(i) Scope of drinking-driver problem;

(ii) Drinking driver patterns and characteristics;

(iii) The pharmacology drugs and alcohol;

(iv) The process of addiction to drugs and alcohol;

(v) The relationship of substance use to crime, health, family, and other social problems; and

(vi) Treatment resources; and

(g) Reports to the court or probation agent, as specified by the court order.

C. Integrated behavioral health programs that:

(1) Meet the requirements for an:

(a) Outpatient mental health center, as outlined in §A(3) of this regulation; and

(b) Outpatient services Level 1 program, as outlined in §B(2) of this regulation;
(2) Have the capacity to provide, as appropriate:

(a) Mental health evaluation and treatment services to individuals with a mental health diagnosis;

(b) Substance use evaluation and treatment services to individuals with a substance use disorder; and

(c) Integrated mental health and substance use evaluation and treatment services to individuals with both a substance use disorder and a mental health diagnosis.

D. Community substance use disorder programs identified under §B(2) – (8) and §C of this regulation, may provide the following services if the program’s license specifically authorizes the treatment service:

(1) A withdrawal management service, as defined in Health-General Article, §8-101(8), Annotated Code of Maryland, that:

(a) May be provided at one or more of the following levels:

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

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

(iii) Level 3.2-D, clinically-managed residential withdrawal management; or

(iv) Level 3.7-D, medically-monitored residential withdrawal management; and
(b) Monitors the decreasing amount of psychoactive substances in
the body;

(c) Manages the withdrawal symptoms; and

(d) Motivates the individual to participate in appropriate treatment
program for alcohol or other drug dependence.

(2) An opioid treatment service that:

(a) Complies with the requirements of 42CFR8;

(b) Is under the direction of a medical director who is a physician and
who:

(i) Has at least 3 years of documented experience providing
services to persons who are addicted to alcohol or other
drugs, including at least 1 year of experience in the
treatment of opioid addiction with opioid maintenance
therapy;

(ii) Has been continuously employed as the medical director
for opioid maintenance therapy programs from or before
August 1, 2002;

(iii) Is certified in addiction medicine by ASAM or the American
Board of Addiction Medicine;

(iv) Is certified in added qualifications in addiction psychiatry
by the American Board of Psychiatry and Neurology, Inc.;
or
(v) Is certified in added qualifications in addiction medicine by the appropriate specialty boards of the American Osteopathic Association;

(c) Uses pharmacological interventions, including full and partial opiate agonist treatment medications to provide treatment, support, and recovery to an individual with an opioid addiction;

(d) Provides clinical services to each patient at a frequency based on the patient’s clinical stability level, not to exceed a 50:1 patient-to-counselor ratio;

(e) Arranges for transportation of a patient’s medication to and from the following levels of care:

   (i) Residential treatment at Levels 3.3, 3.5, and 3.7, as described in §§B(6) – (8) of this regulation;

   (ii) Withdrawal management services at levels 3.2-D and 3.7-D as described in §C(1)(a) of this regulation; and

   (iii) Residential treatment 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.

(f) Conducts random drug testing on each patient at least monthly, according to the provision of COMAR 10.10.03.02;
(g) Conducts random drug testing, at a minimum, for the following substances:

(i) Benzodiazepines;

(ii) Marijuana;

(iii) Cocaine;

(iv) Opiates;

(v) Alcohol;

(vi) Methadone; and

(vii) Oxycodone;

(h) Develops a taper schedule at least 21 days long with daily dosage reductions less than 5 percent of the original total dose, regardless of the patient’s ability to pay;

(i) Administratively tapers or transfers a patient only if the:

(i) Patient’s behavior on program premises is abusive, violent, or illegal;

(ii) Patient fails to pay fees and has been informed in writing and counseled as to responsibility and possible sanctions, including taper;

(iii) Patient misses 3 consecutive medication days, and the program physician, after reevaluation, has determined that administrative taper is warranted; or
(iv) Clinical staff documents therapeutic reasons for taper, which may include continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions;

(j) Requires that a patient show evidence of the availability of locked storage before a patient may take home any dose of medication; and

(k) May be provided in a correctional facility.

.06 Accreditation Required.

In order to be eligible to receive a behavioral health license to operate in Maryland under Regulation .03 of this chapter, programs outlined in Regulation .05A(1) – (9), Regulation .05B(2) – (8), and .05C must first be accredited under the appropriate behavioral health standards by an accreditation organization approved by the Department.

.07 Additional Site Requirements for Group Homes, Residential Rehabilitation Programs, and Residential Crisis Services.

A. In addition to being accredited, group homes, residential rehabilitation programs, and residential crisis programs must apply for and receive approval for each site where services are to be delivered.

B. Application for Approval of a Residence. An RRP or RCS program that is applying for approval of a residence shall submit to the CSA a complete application that:

(1) Is on the form approved by the Administration and all required documents be attached;
(2) Includes documentation:

(a) That the residence is or will be owned or leased by the applicant;
(b) Of fire, liability, and hazard insurance coverage on the building in which the residence is located; and
(c) Of compliance with relevant federal, State, or local ordinances, laws, regulations, and orders, including zoning and safety, that are applicable to housing for individuals without disabilities.

C. General Requirements. The program director shall ensure that:

(1) All areas of a residence, including storage areas, are safe, clean, and free of hazards and clutter;
(2) A residence has:

(a) No housing code or zoning violations;
(b) Working smoke alarms or smoke detectors that meet local fire codes for residential dwellings;
(c) Hot and cold running water and adequate light, heat, and ventilation; and
(d) Sufficient, appropriate, and functional furnishings, equipment, supplies, and utensils comparable to those found in the residences of nondisabled individuals;
(3) A resident:

(a) Has the resources to purchase or has access to food;
(b) Has the resources to acquire an adequate supply of soap, towels, and toilet tissue;

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

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

(e) Has access to transportation;

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

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

(4) The following emergency procedures are in place:

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

   (i) Fire department, police, ambulance, and poison control center, and

   (ii) Program's on-call staff; and

(b) An emergency evacuation procedure that is explained to and practiced by residents within 10 days of residence and, at a minimum, every 3 months after that.

D. Bedrooms. The program director shall ensure that a bedroom has:
(1) A minimum of 70 square feet for a single bedroom and a minimum of 120 square feet for a double bedroom;

(2) A door, except for an efficiency apartment;

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

(4) Window covering for privacy;

(5) A bed with a clean mattress and pillow;

(6) At least two sets of linens per individual; and

(7) Not more than two residents.

E. Toilet and Bathing Areas. The program director shall ensure that:

(1) The residence has a minimum of one full bathroom for every four residents;

(2) A full bathroom includes at least one toilet, one basin, and one tub or shower connected to hot and cold water;

(3) Bathrooms are easily accessible and conveniently located, not more than one floor level from living, dining, and sleeping rooms; and

(4) Bathrooms provide for individual privacy.

F. Relocation Plan. Each program shall have a written relocation plan that:

(1) Specifies where residents may live temporarily if the residential specialist determines that conditions in the approved residence pose an imminent risk to the health, safety, or welfare of a resident;
(2) Is approved by the CSA;
(3) Is updated annually; and
(4) Is submitted to the CSA.

.08 Additional Licensure Process for Non-Accredited Programs.

A. The Department, its designees, the Administration, the Administration's ASO, CSA, LAA, or LBHA, whichever is appropriate, and federal funding agents may:

(1) Make announced and unannounced visits to a program; and
(2) Inspect and copy all records, including, but not limited to financial, treatment, and service records.

B. A program shall be subject to an onsite inspection by the Department prior to the issuance of:

(1) A license;
(2) The expansion of the program to a new site; or
(3) The relocation of an existing site.

C. The onsite review conducted under §B of this regulation shall include:

(1) A tour of the facility for safety and quality;
(2) Interviews with the staff to verify training and competencies; and
(3) A review of emergency and disaster preparedness systems.

D. The onsite review will be conducted to determine that the facility:

(1) Meets all relevant federal, State, or local ordinances, laws, regulations, and building codes;
(2) Provides sufficient space for required services;
(3) Is appropriately furnished, well lit, adequately ventilated, and easily accessible;

(4) Is maintained in good repair, safe, clean and free of insects and rodents and hazards;

(5) Has a central heating system that can maintain the facility at a comfortable temperature;

(6) If not serviced by a public water supply, provide testing that the private water supply is potable;

(7) Provides secure storage for participant records;

(8) Provides the safe and sanitary disposal of trash.

(9) Provides marked fire exits and the posting of evacuation routes.

.09 License Application Process.

A. An applicant for licensure of a program shall:

(1) Use the application required by the Department;

(2) Submit a complete application to the Department's designated approval unit;

(3) Include with the application, at a minimum, the following information:

(a) If applicable, a copy of the program’s:

(i) Most recent behavioral health accreditation survey report;

(ii) Any corrective action plans required by a behavioral health accreditation organization survey report of the program; and
(iii) Final letter or certificate issuing accreditation for the program;

(b) Documentation that verifies compliance with the program description requirements;

(c) A copy of the collaboration agreement between the program and the CSA, LAA, or LBHA, whichever is appropriate;

(d) Any fees required;

(e) The satisfactory fire, safety, and health inspection reports of the site that are required by the local jurisdiction, if a program provides services at a site whose primary function is the delivery of behavioral health services;

(f) Attestation of compliance with relevant federal, State, or local ordinances, laws, regulations, and orders governing the program.

(g) Disclosure of:

   (i) Any license or approval revocation within the previous 10 years by the Department or other licensing agency;

   (ii) Whether the program, or corporation or entity associated with the program, has surrendered or defaulted on its license or approval for reasons related to disciplinary action, within the previous 10 years; and

   (iii) Any individual who has served as a corporate officer for a corporation or entity that has had a license
revoked, or has surrendered or defaulted on its license or approval for reasons related to disciplinary action within the previous 10 years; and

(h) A signed disclosure form, provided by the Department, of any previous convictions and documentation of any conviction of the owner, applicant, program director, or other staff; and

(i) Other information deemed necessary by the Department.

B. If the application submitted under §A of this regulation is incomplete or missing any documentation, the application:

(1) May be returned to the program to provide missing information;

(2) Processing may be delayed; or

(3) May be refused.

C. Before determining whether a program is eligible for licensure, the Department’s designated licensure unit:

(1) For accredited programs, may conduct an on-site review; or

(2) For non-accredited programs, shall conduct an on-site review.

D. The on-site review conducted under §C of this regulation may be announced or unannounced.

.10 Issuance and Duration of License.
A. If the Department's designated licensure unit determines that a program is eligible for licensure, the Department’s designated licensure unit shall issue a license to the program that specifies the:

(1) Program description under which the program has been licensed, including address;

(2) Duration of the licensure period that:

   (i) For accredited programs, equals the accreditation period plus three months; or

   (ii) For non-accredited programs, does not exceed 3 years;

(3) Name of the accreditation organization, if applicable; and

(4) Date of issue.

B. The Department's designated licensure unit shall notify the Administration, the CSA, LAA, Or LBHA, as appropriate, of the jurisdiction where the program provides services, the Medical Assistance Program, and the ASO of the program's licensure.

C. The program director shall ensure that the license is:

(1) For non-residential programs, posted in clear view during the regular hours of operation; or

(2) For residential programs, available for review during regular hours of operation.
D. The application and supporting documentation submitted under §A of this regulation must be received 30 days before the expiration of the program’s current license.

E. If the program fails to submit the application and supporting documentation within the timeframe established in §D of this regulation, the program’s license shall be suspended.

F. If the Department’s designated approval unit suspends the program’s license according to §E of this regulation, the program director shall immediately:

1. Notify individuals or the guardians of individuals receiving services of the suspension;
2. Cooperate with the CSA, LAA, or LBHA, as appropriate, and the Administration in accessing appropriate alternate services for individuals in the program; and
3. Cease operations of the program.

.11 Extension of Licensure Status – Non-Accredited Programs.

The Secretary shall maintain the program’s existing licensure status if, before the expiration of the licensure period, the:

A. Department’s designated licensure unit does not complete an on-site review; or

B. Department does not reach a decision regarding licensure.

.12 Application Modification.
A. A program that proposes to change its program sites by adding, closing, or moving locations, shall submit to the Department’s designated licensure unit:

(1) An application modification, on the form required by the Department;

(2) Evidence that the program has notified the appropriate accreditation organization, if required;

(3) Evidence that the program has notified the appropriate CSA, LAA, or LBHA, whichever is appropriate, of the program modification; and

(4) The satisfactory fire, safety, and health inspection reports of the site that are required by the local jurisdiction, if a program provides services at a site whose primary function is the delivery of behavioral health services;

B. A program that proposes to add a program type to its service array, shall submit to the Department’s designated licensure unit:

(1) If applicable, evidence that the program has received approval from the accrediting body for the additional program type; and

(2) Evidence that the program has notified the appropriate CSA, LAA, or LBHA, whichever is appropriate, of the program modification.

C. If the Department's designated licensure unit approves the application modification submitted under §§A or B of this regulation, the existing program license shall extend to the additional program and additional site, as applicable.

.13 Sale or Transfer of Certificate of Licensure.
A. The Department’s license of a program, issued according to the provisions of Regulations .08 or .09 of this chapter, is valid only for the program and address for which the Department’s license is issued.

B. A program may not sell, assign, or transfer a license to another program.

.14 Waivers and Variances.

A. Waivers. The Secretary may not waive;

(1) The requirements of any regulation adopted under:

(a) This chapter;

(b) COMAR 10.XX.XX; or

(c) The chapter under this subtitle that outlines the requirements for a specific program; or

(2) Any accreditation standard.

B. Variances.

(1) When a program is licensed under this chapter, the Administration may grant a variance for a regulation if the Administration:

(a) Receives a written request from a program on the form required by the Administration; and

(b) Finds that the intent of the regulation to which a variance is sought is met by the alternative proposed by the program.

(2) The Administration may grant a variance that:
(a) Remains in effect for as long as the program continues to comply with the conditions under which the variance is granted; or

(b) Is time limited.

(3) The Administration may not grant a variance that would endanger the health or safety of the individuals served.

(4) The Administration may not grant a variance to any accreditation standard.

(5) The Administration shall:

(a) Issue a written decision on the request for a variance, including the reason or reasons for granting or not granting the variance;

(b) Send the decision to the:

(i) Program director;

(ii) CSA, LAA, or LBHA whichever is appropriate; and

(iii) Department's designated licensure unit; and

(c) Enter the decision in the records of the Administration.

.15 Denial of Licensure.

A. The Department may deny a license to:

(1) An applicant, if the Department's designated licensure unit determines that the application does not meet all licensure requirements;

(2) Any corporation or entity that has had a license or approval revoked by the Department or other licensing agency, or has surrendered or
defaulted on its license or approval for reasons related to disciplinary action, within the previous 10 years; and

(3) Any corporation or entity that has a corporate officer who has served as a corporate officer for a corporation or entity that has had a license revoked, or has surrendered or defaulted on its license or approval for reasons related to disciplinary action, within the previous 10 years.

(4) Any program that discontinues operations and fails to comply with Regulation .15A-F.

B. If the Department's designated licensure unit denies licensure to an applicant under the provisions of this chapter, the Department’s designated licensure unit shall give written notice of the proposed denial to the program.

C. if the Department denies a license under §B of this regulation, the Department’s designated approval unit shall include:

(1) The facts that warrant the proposed denial of licensure; and

Notification that the program has a right to a hearing according to State Government Article §10-201 et seq.(?) and COMAR 10.01.01.

.16 Program Request for Discontinuation of Operations.

A. If a program intends to discontinue operations, the program director shall, no less than 60 calendar days before the program intends to discontinue operations, submit to the Department's licensure unit, the Administration, and the CSA, LAA, or LBHA, whichever is appropriate, its written plan for:

(1) Cessation of operations, including relevant dates;
Informing individuals within the program of other behavioral health options.

Transitioning individuals within its program to other behavioral health services;

Storing and protecting all records; and

Notifying employees, consultants, and consumers of its cessation of operations.

B. Within 30 days of receipt of the program's request to discontinue operations, the Department's designated licensure unit shall:

(1) Notify the program in writing whether its plan is acceptable; and

(2) If the plan is unacceptable, meet with the program and the CSA, LAA, or LBHA whichever is appropriate, to formulate a plan that protects the health, safety, and welfare of the individuals served by the program and program staff.

C. The program may not discontinue operations until the Department's designated licensure unit authorizes this discontinuation.

D. The program shall be responsible for delivering services to the individuals in its program until such time as the Department's designated licensure unit approves the discontinuation.

E. The program shall surrender its license to provide services concurrent with the date on which it ceases operation.
F. At all times, the program shall cooperate with the Administration, the Department’s designated licensure unit, and the CSA, LAA, or LBHA, whichever is appropriate.

G. If a program that is discontinuing operation does not comply with §§A—F of this regulation, the Department may deny licensure to any future application that the program, or principals of the program, may submit.

.17 Summary Suspension.

A. Upon a finding that the public health, safety, or welfare imperatively requires emergency action, the Department may order the immediate suspension of the licensure of the program and the cessation of operation of the program.

B. Following the summary suspension of the approval of the program, under State Government Article, §10-226(c)(2), Annotated Code of Maryland, the Administration shall deliver a written notice to the program that includes:

   (1) The facts supporting the finding that the public health, safety, or welfare imperatively requires emergency action; and
   (2) Notification that the program may request a hearing under Regulation .26 of this chapter.

C. If the Department summarily suspends the licensure of a program, the program shall immediately:

   (1) Cease providing services to individuals;
   (2) Develop and implement a written plan, approved by the Administration, to:
(i) Notify individuals receiving services from the program, or the guardians of these individuals, of the suspension;

(ii) Transition individuals receiving services from the program to an alternative program or make other arrangements to ensure continuity of services for the individuals; and

(iii) Store and protect all service and medical records, and transition such records to alternative program or to the individual;

D. A program that has been summarily suspended may appeal the Department’s action by filing a request for a hearing in accordance with State Government Article, §10-201 et seq., Annotated Code of Maryland and Regulation .26 of this chapter.

.18 Notice of Deficiencies

A. If the Department determines that a program has violated any provision of this chapter, but does not summarily suspend the program, the Department’s designated licensure unit shall provide the program with a Notice of Deficiencies.

B. The Notice of Deficiencies shall list each failure to comply, including identifying the provision and the basis for the finding.

C. Plan of Correction

(1) The program shall submit a plan of correction (POC) within 10 working days of receipt of the Notice of Deficiencies, stating how and when each failure to comply shall be corrected.
(2) The POC due date may be sooner than 10 working days when the nature of the noncompliance warrants a more immediate response, as determined by the Department’s designated licensure unit.

(3) The Director of the Department’s designated licensure unit may grant an extension of not more than 30 days for the submission of the POC.

D. A program, including a program with deficiencies having only a minor impact, is subject to any intermediate sanction set forth in Regulation .20 of this chapter for failure to comply with this regulation.

.19 License Revocation.

A. If the Department’s designated licensure unit determines that the program has violated a condition or requirement of this chapter, the Department may revoke the license.

B. If the Department’s designated licensure unit determines that the program has violated a condition or requirement of a sanction imposed under Regulation .20 of this chapter, the Department may revoke the license.

.20 Intermediate Sanctions.

A. If the Department determines that a program has violated any provision of this chapter, the Department’s designated licensure unit may take one or more of the following actions:

(1) Prohibit the program from serving any additional individuals;

(2) Require the program to reduce the number of individuals currently receiving services;
(2) Restrict the program from providing specific services;

(3) Require the program, and any of its staff, to receive mandatory training in specific areas;

(4) Require the program to use the services of a consultant approved in advance by the Department;

(5) Require the establishment of an escrow account;

(6) Impose a civil money penalty, in accordance with this chapter.

.21 Directed Plan of Correction

A. In addition to any intermediate sanctions imposed in accordance with this regulation, if the Department determines that a program has violated any provision of this chapter, the Department’s designated licensure unit may impose a Directed Plan of Correction.

B. The Directed Plan of Correction may include any one or more of the following:

(1) Mandate staffing patterns, specifying the number of personnel, personnel qualifications, or both;

(2) Impose a temporary site monitor, whereby the Department maintains an on-going physical presence for the purpose of providing assistance and evaluating the extent of the program’s progress in correcting violations;

(3) Require the program to submit periodic reports of its progress in correcting violations;

.22 Settlement Agreement

A. The Department may enter into a settlement agreement with a program that has
violated any provision of this chapter, establishing specific conditions for 
continued operation, including time limits for compliance.

B. A settlement agreement is a public document and may be disseminated under 
the State Government Article, §§ 10-611 to 10-630, Annotated Code of 
Maryland.

C. A copy of the settlement agreement shall be distributed to individuals served by 
the program, or posted in a public location at the program’s facility.

.23 Initiation of Receivership

The Secretary or Designee may take action to initiate receivership under Health Gen. 

.24 Civil Money Penalties

A. The Department may impose a civil monetary penalty on a person for:

   (1) Operating a program without a license, if one is required by law or 
       regulation; or

   (2) Failing to comply with any provision of this Chapter; or

   (3) Both.

B. In determining whether a civil monetary penalty is to be imposed, the 
Department may consider the following factors:

   (1) The nature, number, and seriousness of the deficiencies;

   (2) The extent to which the deficiency or deficiencies are part of an ongoing 
       pattern;

   (3) The degree of risk to the health, life, or safety of the individuals receiving
services from the program;

(4) The efforts made by the program, and the ability of the program, to correct the deficiency or deficiencies; and

(5) The program’s prior history of compliance.

.25 Right to a Hearing

A program aggrieved by a revocation of its license or the imposition of a sanction under Regulation .20 of this chapter may appeal the Department’s action by filing a request for a hearing in accordance with Regulation .26 of this chapter.

.26 Hearings.

A. If the Department’s designated licensure unit proposes to take an action described in Regulations .15, .17, and .19 – 20 of this chapter, the Department shall deliver a written notice of the proposed action to the Program Director, in accordance with the provisions of Regulation 10.01.03.05 of this chapter.

B. Within 10 working days of receipt of the notification of the action described in §A of this regulation, the program may file a written request for a hearing with copies to the:

(1) Administration;

(2) CSA, LAA, or LBHA, as appropriate; and

(3) Director of the Department's designated licensure unit.

C. If the program does not file a request for a hearing that is postmarked within 10 working days of receipt after the notification, the program waives its right to a
hearing, and the Department’s designated licensure unit may implement the proposed action.

E. The Notice of imposition of sanctions and the right to a hearing may offer the program the opportunity for an informal case resolution conference, in which to attempt to resolve all or some of the deficiencies listed in the Notice of imposition of sanctions.

F. If requested, the hearing shall comply with the provisions of Regulation 10.01.03.06.