

Comment	Stakeholder Name & Affiliation	Department Response
Implementation		
The 30-day staffing grace period should be extended to 90 days (or 6 months- BHSB).	Lesa A Diehl, LCSW-C - Allegany County CSA	Due to stakeholder input, the Department has extended the staffing grace period to 90 days. For more information please refer to FAQ #8 (http://maryland.beaconhealthoptions.com/provider/alerts/2017/071417-Residential-SUD-FAQ-8.pdf).
	Kristi Cuthbertson, LCSW-C - Allegany County CSA	
	Crista Taylor, President and CEO BHSB	
A regular forum for discussion between agencies, provider and MA should be created after July 1 to discuss feedback and trouble shoot issues as they arise.	Crista Taylor, President and CEO BHSB	The Department agrees and began implementing joint operations team (JOT) calls with enrolled providers on July 14, 2017. The JOT calls will be held weekly to address provider concerns with a plan to taper off as less needed.
Provider Licensure		
Residential SUD provider licensing should follow the timeline outlined in 10.63.01-10.63.06 for Community-Based Behavioral Health Programs and Services.	Crista Taylor, President and CEO BHSB	The Department amended the regulations to reflect the 4/1/18 date for accreditation.
Staffing		
Staffing for 3.3 is unreasonable and does not align with ASAM criteria or actual practice. There is particular concern with the medical staff requirements.	Bryce T. Hudak, LCSW-C - UPC Inc. Recovery Network	The Department established guidelines for Level 3.3 staffing based on ASAM criteria as well as historical usage of the service in Maryland as a level of care for pregnant women and children and for individuals with co-occurring medical needs. Please see FAQ #3 (http://maryland.beaconhealthoptions.com/provider/alerts/2017/061217-Residential-SUD-FAQ-3.pdf), question 4 which provides further explanation of the staffing requirements for 3.3.
	John Friedel, Executive Director - The Baltimore Station	
The requirements for level 3.7 to have 56 hours of RN and 112 hours of LPN should be changed to require nursing staff on site 168 hours w/ a minimum of 56 hours provided by the RN. (Difficulty hiring LPN in rural areas)	Lesa A Diehl, LCSW-C - Allegany County CSA	The Department agrees and amended the regulations to require 168 hours of nursing staff with a minimum of 56 hours provided by an RN.
	Kristi Cuthbertson, LCSW-C - Allegany County CSA	
Regulations should allow for flexible staffing requirements for small programs, such as a minimum client to staff ratio for each level of practitioner.	Crista Taylor, President and CEO BHSB	The Department developed the regulations to provide clear guidance on minimum staffing requirements for delivering the service. As stated in the regulations, programs should scale up their staffing requirements as necessary but can not lower their staffing below the outlined regulations.
	Bryce T. Hudak, LCSW-C - UPC Inc. Recovery Network	
The regulations should specify that the multi-disciplinary team must be on site to clarify availability.	Crista Taylor, President and CEO BHSB	The Department agrees and amended the regulations to clearly state the multi-disciplinary team must be on site.

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<p>All staff should be required to be trained in CPR and at least one staff member that meets these requirements must be on staff between 11pm and 7am.</p>	<p>Crista Taylor, President and CEO BHSB</p>	<p>The regulations require one staff trained in CPR on duty between 11pm and 7am for levels 3.3 and 3.5. For level 3.7 and 3.7WM, the regulations require two staff trained in CPR on duty between 11pm and 7am. The Department is not considering requiring all staff to be trained in CPR in regulations but would support this as a good practice.</p>
<p>The requirements for a physician, physician assistant, or nurse practitioner services for residential-intensive level 3.7 should align with the ASAM criteria for level 3.7. BHSB requests that service requirements be expanded to say (1) have sufficient physician, physician assistant, or nurse practitioner services to (a) provide initial diagnostic-workup, history and physical examination within 24 hours of admission.</p>	<p>Crista Taylor, President and CEO BHSB</p>	<p>The regulations require providers to be in compliance with all ASAM requirements for each applicable level of care, which includes the requirement to have sufficient physician, physician assistant, or nurse practitioner to provide initial diagnostic workup, history and physical examination within 24 hours of admission. The Department will reinforce this requirement through guidance.</p>
<p>Flexibility in staffing patterns should be allowed, especially given the workforce shortages that exist in this field. For example, if a program is unable to find a psychiatrist but can engage with a psychiatric nurse practitioner, that variance should be allowed.</p>	<p>Nancy Rosen-Cohen, Executive Director NCADD Maryland</p>	<p>The Department appreciates your concerns about the workforce shortages and the need for flexibility in staffing. The staffing requirements for residential SUD were based on the ASAM definitions of the levels of care. The regulations as drafted incorporated some flexibility including the following: 1) Allowing for the use of physician extenders 2) A psychiatric nurse practitioner may be used in the place of a psychiatrist. Additionally, the Department has instituted a 90 day staffing grace period to allow programs to hire or contract with staff that meet the requirements in regulations.</p>
<p>We are unaware of any similarly prescriptive staffing requirements related to residential mental health programs and their capacity to meet patients' SUD needs. Those programs likely have the flexibility to make sure those needs of their patients are met. The state must attempt to create equity in how all publicly funded behavioral health providers meet the needs of people with co-occurring disorders and the staff required to provide the services.</p>	<p>Nancy Rosen-Cohen, Executive Director NCADD Maryland</p>	<p>The Department established the staffing requirements for residential SUD based on the ASAM definitions of the levels of care.</p>
<p>Certified Counselors</p>		
<p>Change the requirement for "certified counselors under supervision of a licensed counselor" to include supervision</p>	<p>Lesia A Diehl, LCSW-C - Allegany County CSA</p>	<p>The Department agrees and amended the regulations to require certified counselors under the supervision of licensed</p>

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by Certified Associate Counselor - Supervisor. (Rural area concern).	Kristi Cuthbertson, LCSW-C - Allegany County CSA	professionals or other practitioners approved by the Board of Professional Counselors and Therapists to supervise.
The regulations should specify what level of certification is required for a certified counselor.	Megan Graves, Program Director Mountain Manor - Recovery Support Services Crista Taylor, President and CEO BHSB	The Department agrees and has amended the regulations to clearly state the definition of a certified counselor.
Peers		
Recruiting certified peers or certifying existing staff with lived experience to become a certified peer is challenging and may be impossible for some providers. There are only 99 certified peers in Maryland.	Kennedy Hinman CAC-AD - Hudson Health Services	The Department appreciates the concerns and amended the regulations to remove the requirement for peer support staff to be certified.
	Crista Taylor, President and CEO BHSB	
	Nancy Rosen-Cohen, Executive Director NCADD Maryland	
	Christopher McCabe, Executive Director Chrysalis House	
BHA should implement a strategy to recruit more peers into the workforce.	Crista Taylor, President and CEO BHSB	The Behavioral Health Administration will take your comment under advisement.
Aftercare coordination		
The aftercare coordinator position should not be limited to peers in order to allow for flexibility.	Crista Taylor, President and CEO BHSB	The Department amended the proposed regulations to allow aftercare coordination services to be provided by peers or licensed practitioners.
Aftercare coordination should be allowed to be provided by individuals beyond certified peers and licensed providers. For example case managers and alcohol and drug trainees often provide this service.	Christopher McCabe, Executive Director Chrysalis House	The Department appreciates the concerns and amended the regulations to remove the requirement for peer support staff to be certified.
	Kennedy Hinman CAC-AD - Hudson Health Services	
Service Requirements		
Residential providers should be required to be capable of admitting new referrals seven days a week.	Howard Ashkin, President MATOD	The Department agrees and is reinforcing this requirement through written guidance.
BHA should share the list of current approved EBPs, and outline the process to have a promising practice approved. Definitions should also include all behavioral health clinical, rehabilitative, and recovery support interventions.	Crista Taylor, President and CEO BHSB	The Department provided definitions of the approved EBPs in FAQ# 7 (http://maryland.beaconhealthoptions.com/provider/alerts/2017/063017-Residential-SUD-Treatment-for-Adults-FAQ-7.pdf) question #4. These EBPs were provided to CMS and approved as part of the 1115 waiver. At this time no additional promising practices or EBPs will be added to the list.
For level 3.3, the requirement to provide clinical services 7 days a week will be a substantial burden and does not align with our current service model.	Christopher McCabe, Executive Director Chrysalis House	The regulations do not require therapeutic activities 7 days a week for level 3.3. Therapeutic activities are required to be provided 20-35 hours weekly, which is consistent with ASAM criteria. Therapeutic activities may also include structured activities led by peers or other staff as appropriate.
The term "crisis intervention" should be defined and added to the definitions section.	Crista Taylor, President and CEO BHSB	The Department amended the regulations to add a definition for crisis intervention.

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<p>There is no mention of the room and board reimbursement in the regulations. It is my understanding that the \$45.84 for room and board is in addition to the per diem rate listed in the regulations.</p>	<p>Kennedy Hinman CAC-AD - Hudson Health Services</p>	<p>The proposed 10.09.06 is for the Medicaid funded services. Room and board is reimbursed with State only dollars and therefore was not included in this regulation. You are correct about the reimbursement for room and board. Providers should review the community based substance use disorder fee schedule for more information about billing for residential SUD services.</p>
<p>Residential providers should be required to accept consumers who are receiving prescribed medications for addictions, mental health and/ or medical conditions including individuals who are participating in medication assisted treatment (MAT). Providers should not be allowed to deny admission or continued services to these individuals or make admission contingent on detoxification.</p>	<p>Howard Ashkin, President MATOD</p>	<p>The Department has a long history of supporting the use of Medication Assisted Treatment for individuals with an Opioid Use Disorder when clinically appropriate and selected by the individual. However, the Department is not considering requiring providers to accept individuals participating in MAT or to provide MAT themselves as that is a business decision for the provider/ program to determine.</p>
<p>Residential providers should be required to provide pharmacotherapy, directly or through a referral, for all consumers with an identified Opioid Use Disorder. Documentation in the record should be required for clinical reasons not to provide and for consumers who decline MAT.</p>	<p>Howard Ashkin, President MATOD</p>	