

Title 10

MARYLAND DEPARTMENT OF HEALTH

Subtitle 63 COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS AND SERVICES

10.63.01 [Requirements for All Licensed Programs] *General Requirements for All Programs*

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

(4) Addictive Disorder.

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

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

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

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

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

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

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

(10) "Demonstration project" means a project, irrespective of funding, that if deemed successful, may be considered and adopted as a permanent policy or program.

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

(12) Experimental Project.

(a) "Experimental project" means a project, irrespective of funding, that if deemed successful, may be considered and adopted as a permanent policy or program.

(b) "Experimental project" includes:

(i) Demonstration projects; or

(ii) Pilot projects.

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

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

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

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

(17) "Jurisdiction" means Baltimore City or one of the 23 counties in the State.

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

(19) "Licensed mental health professional" means:

(a) A psychiatrist; or

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

(20) Local Authority.

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

(b) "Local authority" includes the:

- (i) Core service agency as defined in Health-General Article, §7.5-101(g), Annotated Code of Maryland;
- (ii) Local addiction authority as defined in Health-General Article, §7.5-101(j), Annotated Code of Maryland; and
- (iii) Local behavioral health authority as defined in Health-General Article, §7.5-101(k), Annotated Code of

Maryland.

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

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

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

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

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

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

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

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

(25) "Pilot project" means a project, irrespective of funding, that if deemed successful, may be considered and adopted as a permanent policy or program.

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

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(28) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

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

(30) "Recovery residence" means a service that:

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

(b) Does not include clinical treatment services.

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

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

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

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

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

.02 Incorporation by Reference.

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

.03 Programs Requiring License.

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

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

.04 Programs Exempt from Licensure.

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

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

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

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

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

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

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

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

B. Recovery Residences.

(1) Recovery residences are exempt from the licensure requirements set forth in §A of this regulation.

(2) Recovery residences are required to be certified by the Maryland Certification of Recovery Residences in accordance with COMAR 10.63.27.

C. Administration Exemptions.

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

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

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

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

.05 Community-Based Behavioral Health Services Requiring Accreditation.

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

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

(2) Group Homes for Adults with Mental Illness;

(3) Integrated Behavioral Health;

(4) Intensive Outpatient Treatment Level 2.1;

(5) Mental Health - Partial Hospitalization Program;

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

(7) Mobile Crisis Team (MCT);

(8) Mobile Treatment Services (MTS);

(9) Opioid Treatment Service;

(10) Outpatient Mental Health Center (OMHC);

(11) Outpatient Treatment Level 1;

(12) Partial Hospitalization Treatment Level 2.5;

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

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

(15) Residential Crisis Services (RCS);

(16) Residential: Low Intensity Level 3.1;

(17) Residential: Medium Intensity Level 3.3;

(18) Residential: High Intensity Level 3.5;

(19) Residential: Intensive Level 3.7;

(20) Residential Rehabilitation Program (RRP);

(21) Respite Care Services;

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

(23) Supported Employment Program (SEP); and

(24) Withdrawal Management Service (WM).

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

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

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

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

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

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

A. Substance-Related Disorder Assessment and Referral Program;

B. DUI Education Program;

C. Early Intervention Level 0.5 Program; and

D. Therapeutic Group Homes.

.07 Telehealth Service Requirements.

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

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

(1) Medically necessary;

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

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

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

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

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

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

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

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

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

E. Technical Requirements.

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

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

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

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

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

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

(e) Utilization of technology that meets the standards required by State and federal laws governing the privacy and security of protected health information in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d-1-1320d-9, and implementing regulations at 45 C.F.R. Part 160 and 164.

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

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

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

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

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

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

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

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

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

.08 Organization Grievance Policy.

A. Grievance Policy. An organization operating a community-based behavioral health program shall have a grievance policy.

(1) An organization shall provide program participants with a copy of the grievance policy at the time of admission.

(2) An organization's grievance policy shall include at minimum:

(a) The right of program participants to grieve program decisions including, but not limited to, decisions concerning:

(i) Treatment;

(ii) Violations of program participant rights;

(iii) Discharge; and

(iv) Change in status or services;

(b) Instructions on how to file a grievance as described in §B of this regulation; and

(c) Procedures for the following:

(i) Review of the initial decision on the grievance by supervisory staff;

(ii) An opportunity to appeal the outcome of the initial decision to senior management; and

(iii) Explicit provisions that allow the program participant at any time to contact the appropriate local authority, the Administration, and if applicable, the accreditation organization.

B. An organization operating a program providing community-based behavioral health services shall provide program participants instructions on how to file a grievance which shall:

(1) Be in plain language;

(2) Be in a language that the program participant understands;

(3) Accommodate individuals who are unable to read print or communicate in writing;

(4) Outline the steps of the grievance process as described in §A(2)(c) of this regulation; and

(5) Contain current contact information for the appropriate local authority, the Administration, and if applicable, the accreditation organization.

C. An organization operating a program providing community-based behavioral health services may not retaliate against a program participant who presents a grievance.

D. An organization operating a program providing community-based behavioral health services shall inform each program participant in writing when revisions are made to the grievance policy and communicate to program participants the nature and extent of the changes.

10.63.02 [Programs Required to Be Accredited in Order to be Licensed to Provide Community-Based Behavioral Health Services] Compliance and Reporting Requirements

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

(4) "Advance directive for mental health services" means a plan made by an individual pursuant to Health-General Article, §5-602.1, Annotated Code of Maryland.

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

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

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

(8) "Corrective Action" means specific actions undertaken by an organization to address a violation of any local, state, or federal law or regulation.

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

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

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

(12) "Jurisdiction" means Baltimore City or one of the 23 counties in the State.

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

(14) Local Authority.

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

(b) "Local authority" includes the:

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

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

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

Maryland.

(15) "Mental health program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

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

(17) "Overdose" has the meaning stated in Health-General Article, §13-3601, Annotated Code of Maryland.

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

(19) Plan of Care.

(a) "Plan of care" means a medically necessary care plan which is responsive to an individual's goals, values, and preferences while considering the individual's needs respective to their behavioral health condition.

(b) "Plan of care" includes but is not limited to:

(i) An individualized treatment plan; and

(ii) An individualized rehabilitation plan.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(21) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

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

(23) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

(24) Release.

(a) "Release" means any type of discharge from the custody of a supervising authority.

(b) "Release" includes parole, probation, mandatory supervision release, work release, and any type of temporary leave except for leave that is granted on an emergency basis.

(c) "Release" does not include:

(i) Escape; or

(ii) A transfer among the Division of Correction, the Division of Pretrial Detention and Services, the Patuxent Institution, and local correctional facilities that does not result in the registrant's release into the community.

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

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

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

.02 Compliance with State and Federal Law and Regulation.

A. An organization licensed in accordance with COMAR 10.63.06 to operate a program to provide community-based behavioral health services in the State shall comply with all applicable requirements of this subtitle.

B. An organization licensed in accordance with COMAR 10.63.06 to operate a program shall comply with all applicable federal and State laws and regulations, including, but not limited to:

(1) The Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d—1320d-9, and implementing regulations at 45 CFR. Parts 160 and 164;

(2) Federal regulations on confidentiality of substance use disorder patient records, 42 CFR Part 2;

(3) State confidentiality laws, including:

(a) Health-General Article, §§4-301—4-310, Annotated Code of Maryland;

(b) General Provisions Article, §§4-101—4-601 Annotated Code of Maryland; and

(c) Current applicable State confidentiality regulations;

(4) The Americans With Disabilities Act, 42 U.S.C. §§12101—12213;

(5) The federal Fair Housing Act, 42 U.S.C. §3604;

(6) The Eliminating Kickbacks in Recovery Act, 18 U.S.C. §220;

(7) The Patient Protection and Affordable Care Act, 42 U.S.C. §18116; and

(8) Labor and Employment Article, Title 3, Annotated Code of Maryland.

.03 Corporate Compliance Requirements.

A. An organization shall document and implement a corporate compliance plan covering each program it operates.

B. Corporate Compliance Plan. An organization's compliance plan shall:

(1) Meet the standards established by the applicable accreditation organization for its operated program or services; or

(2) For organizations without an applicable accreditation organization compliance standard, meet the standards outlined in §C of this regulation.

C. Corporate Compliance Standards. A corporate compliance plan shall include the:

(1) Implementation of policies and procedures covering compliance in key areas of the organization's provision of behavioral health care services, including, at minimum:

(a) Billing;

(b) Coding;

(c) Confidentiality;

(d) Documentation;

(e) Ethical behavior;

(f) Preventing illegal service and referral incentives; and

(g) Contingency planning in case of a loss of key staff or capacity to serve program participants;

(2) Appointment of a corporate compliance officer;

(3) Implementation of a no-fault reporting system for compliance issues that ensures that whistleblowers are not subject to punitive actions;

(4) Documentation of a policy statement indicating a prohibition of conflicts of interest between the organization and program participants;

(5) Implementation of a strategy for risk assessment, auditing, and monitoring which includes:

(a) A documented annual review of risk areas in the organization;

(b) Succession and contingency plans for the organization; and

- (c) An audit program with at least four audits a year that is focused on proper documentation, billing, and coding practices in high risk areas;
- (6) A process for documentation of the organization's responses to critical incidents in accordance with Regulation .04 of this chapter and the development of any necessary corrective actions;
- (7) Investigation of any violations of State or federal law or regulation, or organizational policy; and
- (8) Organization's procedure in the event of any violation of State or federal law or regulation, or organizational policy including the:
 - (a) Implementation of any necessary corrective action; and
 - (b) Submission of any required reports to the Administration or other applicable State, local, or federal authority.

.04 Reporting Requirements.

A. Critical Incident Reporting.

- (1) An organization operating a community-based behavioral health program shall report the following critical incidents to the Administration, if known by the organization:
 - (a) Any death of a program participant in a residential program;
 - (b) Any unexpected death of a program participant in any other program;
 - (c) Injuries to program participants that are life-threatening or the result of interpersonal violence which:
 - (i) Are between a program participant and another program participant;
 - (ii) Are between a program participant and an individual associated with the organization including staff, volunteers, or consultants; or
 - (iii) Occur at the organization's licensed program site;
 - (d) The following sexual activity, if it occurs while the program participant is admitted to the program:
 - (i) Consensual sexual activity between a current program participant and an individual associated with the organization, including staff, volunteers, and consultants; or
 - (ii) Non-Consensual sexual activity between a current or former program participant and an individual associated with the organization, including staff, volunteers, and consultants.
 - (e) Any unexpected evacuation of a program site under circumstances that threaten the life, health, or safety of program participants;
 - (f) Any fatal overdose of a program participant;
 - (g) Any non-fatal overdose of a program participant that requires treatment or transportation by emergency medical services or transportation by the program or organization to a hospital or other emergency facility;
 - (h) Suspected or alleged abuse, neglect, or exploitation of a program participant by an individual associated with the organization including staff, volunteers, and consultants;
 - (i) If diagnosed by the program, a disease or condition listed in the List of Reportable Diseases or Conditions, as set forth in COMAR 10.06.01.03 in addition to the reporting requirements of COMAR 10.06.01.04 for any program participant or staff;
 - (j) Any suicide attempt by a current program participant or if known by the organization;
 - (k) Any credible threat by a program participant determined by the organization to represent a risk to the life, health, or safety of staff, other program participants, targeted individuals, or the general public;
 - (l) A program participant's violation of an order of conditional release from a State psychiatric hospital;
 - (m) From a program that administers, dispenses, monitors or stores medication:
 - (i) Any theft of medication;
 - (ii) Any unexplained loss of medications; and
 - (iii) Any medication error that results in a telephone call to, or a consultation with, a poison control center, an emergency department, an urgent care provider, a hospitalization, or death; and
 - (n) Any disappearance or elopement of one of the following program participants from a residential program site:
 - (i) A child;
 - (ii) A vulnerable adult, if such disappearance or elopement is longer than 24 hours;
 - (iii) An older adult, if such disappearance or elopement is longer than 24 hours; or
 - (iv) An adult with a behavioral health or somatic condition that if left unattended or untreated would become life threatening within 72 hours.
- (2) An organization shall report all critical incidents to the Administration, or its designee, on the form provided by the Administration within 3 business days of the organization's knowledge of the critical incident.
- (3) An organization's failure to report a critical incident in accordance with §A(1)—(2) of this regulation may result in a civil money penalty in accordance with COMAR 10.63.08.
- (4) The requirements of this section do not create any obligation of a program or organization to conduct follow up activities on discharged program participants or participants who have not maintained contact with the program.

B. Organization Financial Status Reporting.

- (1) An organization shall notify the Administration of changes in the financial condition of the organization that may affect its ability to operate a program to provide behavioral health services including, at minimum:
 - (a) Filing of bankruptcy;
 - (b) Any wage claim against the organization;

- (c) Notification of a tax lien levied by the State or federal government; ;
 - (d) Any foreclosure action against the organization filed in Circuit Court;
 - (e) Any of the following District Court actions filed against the organization:
 - (i) Failure to pay rent; or
 - (ii) Breach of lease;
 - (f) Any utility shut-off notice due to non-payment;
 - (g) Any legal actions brought against the organization or the organization's owner seeking to recover greater than 20% of the organization's annual budget; and
 - (h) Any other action which is likely to affect the organization's ability to operate a program is likely to result in a negative variance in the organization's annual budget greater than 20 percent.
- (2) An organization shall report all changes in the financial condition to the Administration, or its designee, on the form provided by the Administration within 3 business days of the organization's knowledge of the change in the financial condition.
- (3) An organization's failure to report a change in the financial condition in accordance with §B(1)—(2) of this regulation may result in a civil money penalty in accordance with COMAR 10.63.37.

C. Program Outcome Reporting.

- (1) The organization shall provide data elements to the Administration at the frequency required by the Administration if:
- (a) The program's provided behavioral health services are funded by the federal Substance Abuse and Mental Health Services Administration and related federal funding sources; or
 - (b) The organization bills the public behavioral health system for either:
 - (i) Specialty mental health services in accordance with COMAR 10.09.59;
 - (ii) Community-based substance use disorder services in accordance with COMAR 10.09.80;
 - (iii) Intensive behavioral health services for children, youth, and families with COMAR 10.09.89; or
 - (iv) Mental health case management care coordination for children and youth with COMAR 10.09.90.
- (2) The data elements provided to the Administration shall be in accordance with federal requirements set forth in:
- (a) 42 U.S.C. §300x-9;
 - (b) 42 U.S.C. §300x-35;
 - (c) 42 U.S.C. §300x-52(a); and
 - (d) 42 U.S.C. §300x-53(a).

D. An organization shall report vacancies in accordance with COMAR 10.63.03.03.

.05 Prohibition On Deceptive or False Advertising.

A An organization licensed to provide community-based behavioral health services may not engage in deceptive or false advertising practices including but not limited to using advertisements that:

- (1) Contain false or misleading statements or claims;
- (2) Contain false or misleading disclosure of fees and payments for services; and
- (3) The organization's name or the services name imply that the organization is offering services for which it is not licensed to provide.

B. Organizations Advertising or Offering Housing for Program Participants. Any organization advertising or offering housing for nonresidential program participants shall comply with Real Property Code, Title 8, Annotated Code of Maryland, if the oral, implied, or written agreement constitutes a lease under Real Property Code, Title 1, Annotated Code of Maryland and any local requirements, regardless of whether housing is provided directly by the organization or program or through a referral to another organization.

.06 Rights of Program Participants.

A. An organization may not discriminate in the provision of community-based behavioral health services on the basis of race, creed, color, age, gender, sexual orientation, gender identity, national origin, marital status, disabilities, or any other classification prohibited under State or federal law in accordance with the requirements of Regulation .02 of this chapter.

B. An organization shall protect and promote the exercise of the program participant rights enumerated in §D of this regulation in all aspects of its program operations.

C. Notification of Program Participant Rights. The organization shall inform the program participant, in a language that the participant understands, of:

- (1) The rights and responsibilities listed in §D of this regulation; and
- (2) The Suicide and Crisis Hotline.

D. Program Participant Rights.

(1) An organization shall provide care for program participants in a manner and in an environment that maintains or enhances each participant's dignity and respect.

(2) A program participant receiving community-based behavioral health services from an organization licensed in accordance with COMAR 10.63.06 has the right to:

- (a) Be treated with consideration, respect, and full recognition of the program participant's human dignity and individuality;
- (b) Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations;

- (c) Receive treatment in accordance with their individualized plan of care or rehabilitation plan;
- (d) If applicable, receive treatment in accordance with the preferences of their advance directive for mental health services in accordance with Health-General, §10-708, Annotated Code of Maryland;
- (e) Consent to or refuse treatment after the possible consequences of refusing treatment are fully explained;
- (f) Be free from mistreatment, neglect, and verbal, mental, emotional, sexual, and physical abuse;
- (g) Contact at any time:
 - (i) Personal legal counsel;
 - (ii) The State protection and advocacy agency;
 - (iii) The applicable local authority;
 - (iv) The Administration; and
 - (v) The Department;
- (h) Make suggestions, complaints, or present grievances on behalf of the program participant or others, to the organization, the State protection and advocacy agency, the applicable local authority, the Administration, the Department, or other individuals without threat or fear of retaliation;
 - (i) Receive a prompt response, through the organization's established complaint or grievance policy, to any complaints, suggestions, or grievances the program participant may have;
 - (j) Except when prohibited for the health and safety of the program participant or others, keep any identification, insurance information, and public benefits documentation in their possession;
 - (k) Designate their own representative payee for Social Security;
 - (l) Authorize advocates, family, or friends to participate in care coordination or the treatment planning and discharge planning process;
 - (m) Contact emergency services for emergency assistance or transportation to a hospital at any time; and
 - (n) Not be compelled to perform work for the organization and, if the program participant chooses to perform work for the organization, is monetarily compensated by the organization for any work performed.

E. Addressing Alleged Violations of Participant Rights. An organization licensed to operate a program to provide community-based behavioral health services in accordance with COMAR 10.63.06 shall:

- (1) Initiate an investigation within 3 business days into any alleged violations of program participant rights involving anyone furnishing services on behalf of the organization;
- (2) Document any actions taken to prevent further violations while the alleged violation is investigated;
- (3) Investigate and document all alleged violations in accordance with the organization's written policies as outlined in §F of this regulation;
- (4) Take any corrective action required by the local authority or the Administration; and
- (5) Report any critical incidents in accordance with Regulation .04 of this chapter.

F. Program Participant Rights Policy. An organization operating a community-based behavioral health program shall have a written policy to investigate and document all alleged violations of participant rights that, at minimum, outlines:

- (1) The timeline of the investigation;
- (2) The procedure for private interviews with any witnesses;
- (3) Any necessary safeguards to ensure that the alleged perpetrator is not involved in conducting the investigation;
- (4) The procedure for the review of the program participant's file and other relevant records;
- (5) Action taken based on the organization's written policies; and
- (6) The procedure for the completion and submission of documentation relevant to the investigative process to the local authority or the Administration.

10.63.03 [Descriptions and Criteria for Programs and Services Required to Have an Accreditation-Based License] General Staffing Requirements

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

(4) Allied Health Staff.

(a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

- (i) *Rehabilitation workers;*
 - (ii) *Direct service staff;*
 - (iii) *Non-certified peer recovery specialists;*
 - (iv) *Community health workers;*
 - (v) *Health educators;*
 - (vi) *Counselor aides; and*
 - (vii) *Group living workers.*
- (5) *"Applicant" means the legally authorized individual or entity submitting an application for licensure.*
- (6) *"Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.*
- (7) *"Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.*
- (8) *"Business Day" means any day except Saturday, Sunday, or a State holiday.*
- (9) *"Certification" means the approval issued to a program by the Administration to provide services under this subtitle.*
- (10) *"Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.*
- (11) *"Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.*
- (12) *"Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.*
- (13) *"Core service agency (CSA)" means the county or multi-county authority, designated under Health-General Article, Title 10, Subtitle 12, Annotated Code of Maryland, and approved by the Department, that is responsible for planning, managing, and monitoring publicly funded mental health services.*
- (14) *Corporate Officers.*
- (a) *"Corporate officers" means the managing employees or other individuals responsible for the conduct of the affairs of the organization inclusive of the organization's controlling board.*
 - (b) *"Corporate officers" includes but is not limited to the organization's:*
 - (i) *Chief Executive Officer;*
 - (ii) *Chief Financial Officer;*
 - (iii) *Chief Medical Officer;*
 - (iv) *Chief Information Officer;*
 - (v) *Corporate Compliance Officer;*
 - (vi) *Board members; and*
 - (vii) *Other senior officers of the organization.*
- (15) *"Court" has the meaning stated in Criminal Procedure Article, §10-201, Annotated Code of Maryland.*
- (16) *"Criminal history record information" has the meaning stated in Criminal Procedure Article, §10-201, Annotated Code of Maryland.*
- (17) *"Criminal Justice Information System" has the meaning stated in Criminal Procedure Article, §10-201, Annotated Code of Maryland.*
- (18) *"Department" means the Maryland Department of Health.*
- (19) *"Drug" means:*
- (a) *A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;*
 - (b) *A prescription medication; or*
 - (c) *A chemical substance when used for unintended and harmful purposes.*
- (20) *Independent Practice Level.*
- (a) *"Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.*
 - (b) *"Independent practice level" does not include:*
 - (i) *Licensed graduate professional counselor;*
 - (ii) *Licensed graduate marriage and family therapist;*
 - (iii) *Licensed graduate art therapist;*
 - (iv) *Licensed graduate alcohol and drug counselor;*
 - (v) *Licensed master social worker;*
 - (vi) *Licensed certified social worker;*
 - (vii) *Registered psychology associate; or*
 - (viii) *Certified addiction counselors at any level.*
- (21) *"Individual treatment plan (ITP)" means a treatment plan prepared for an individual in an inpatient facility according to the requirements outlined in Health-General Article, §10-706, Annotated Code of Maryland, and COMAR 10.21.03.*

- (22) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (23) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (24) Local Authority.
- (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
 - (b) "Local authority" includes the:
 - (i) Core service agency as defined in Health-General Article, §7.5-101(g), Annotated Code of Maryland;
 - (ii) Local addictions authority as defined in Health-General Article, §7.5-101(j), Annotated Code of Maryland; and
 - (iii) Local behavioral health authority as defined in Health-General Article, §7.5-101(k), Annotated Code of Maryland.
- (25) "Medical director" means an individual licensed in accordance with Health Occupations Title, Annotated Code of Maryland who oversees the operation of a community-based behavioral health program.
- (26) "Mental health program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (27) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (28) "Participant" means an individual receiving behavioral health services in a community-based program.
- (29) "Professional licensure background check" means a background check conducted into an individual's professional status, history, and credentials.
- (30) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (31) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health-General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health-General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (32) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (33) "Psychiatrist" means a physician who:
- (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (34) "Rap Back Program" has the meaning stated in COMAR 12.15.01.03
- (35) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (36) "Secretary" means the Secretary of the Maryland Department of Health or their designee.
- (37) "Site" means the location where the organization operates the program as detailed on the program's license.
- (38) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (39) "Telehealth" Health-General Article, §15-141.2, Annotated Code of Maryland
- (40) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (41) "Variance" means an alternate method of meeting the intent of a regulation under this subtitle as approved by the Administration.

.02 General Staff Requirements.

A. Supervision of Staff. An organization operating a community-based behavioral health services program shall provide supervision to staff providing direct care services including all requirements of Health Occupations Article, Annotated Code of Maryland.

B. Dedicated Program Staff.

(1) Dedicated program staff are individuals who are employed by an organization to perform duties at a single program site at a time.

(2) Dedicated program staff may perform the following duties at multiple program sites simultaneously via audio-visual conferencing:

- (a) Supervision and training;

- (b) Data and critical incident review;
- (c) Policy and procedure development and review; and
- (d) Case conferencing.

(3) Organizations that require dedicated program staff to perform duties at multiple program sites shall ensure that timekeeping records clearly indicate the program site at which the individual performed duties for each hour worked.

(4) For the purposes of determining if a program meets minimum staffing requirements, an organization may only count the number of hours during which the dedicated program staff performs duties at the program in question.

(5) An organization may not count the hours during which a dedicated program staff performs duties at another program site for the purposes of determining if a program meets minimum staffing requirements, regardless of:

- (a) The physical proximity of the different programs;
- (b) The amount of services provided by telehealth;
- (c) The overlap of services provided by the different programs; and
- (d) The overlap in program participants served by the different programs.

C. Organizational Level Staff. Organizational level staff are program directors or clinical supervisors who are employed by an organization that may perform duties for multiple program sites simultaneously, provided that:

- (1) The programs are managed according to uniform organizational policies and procedures applicable to all programs;
- (2) All program participant records may be accessed from any program site;
- (3) The individual in the position responds to emergencies, in person or via remote video conference, within 1 hour of being notified;
- (4) Staff at each licensed program site have direct access to the individual in the position as needed; and
- (5) On a routine basis, and as clinically required, the individual in the position provides on-site consultation at each licensed program site to ensure adequate clinical and administrative oversight.

D. Organizations who employ a single individual to perform the duties of multiple positions shall:

- (1) When the individual performs an organizational level position and a dedicated program position, consider the individual dedicated program staff for the purposes of determining minimum staffing requirements; and
- (2) Meet the requirements of this chapter and any program specific descriptions set forth in this subtitle associated with each of the positions the individual fills.

.03 Vacancy Reporting Requirements.

A. An organization shall follow the requirements of §B of this regulation upon vacancy of the following staff if employed by the organization or if a required position under this subtitle:

- (1) A corporate officer;
- (2) The medical director in accordance with COMAR 10.63.16;
- (3) The program director in accordance with Regulation .07 of this chapter;
- (4) The clinical director in accordance with Regulation .06 of this chapter;
- (5) Clinical supervisors in accordance with Regulations .09 and .12 of this chapter;
- (6) A rehabilitation specialist in accordance with COMAR 10.63.20 and COMAR 10.63.21; and
- (7) Any other required staff as specified within any of the program descriptions set forth in this subtitle.

B. Upon vacancy of any staff specified in §A of this regulation, the organization shall:

- (1) Immediately implement a good-faith effort to fill the vacancy;
- (2) Seek a variance in accordance with COMAR 10.63.06, if applicable;
- (3) Notify the Administration and the appropriate local authority within 40 business days of the vacancy in the manner specified by the Administration; and
- (4) Notify the Administration and the appropriate local authority immediately upon hire of the individual filling the vacancy in the manner specified by the Administration to include at minimum the individual's:
 - (a) Name;
 - (b) Credentials, including a copy of any applicable licenses or certifications, and a resume or curriculum vitae; and
 - (c) Actual start date.

C. Vacancy Reporting for Critical Positions.

(1) Notwithstanding the requirements of §B of this regulation, an organization shall immediately, but in no event longer than 48 hours, report to the Administration any vacancy that causes a significant impact to a licensed program's operations or the health, safety, or welfare of program participants.

(2) Instances of a vacancy that may cause a significant impact to the licensed program's operations or the health, safety, or welfare of program participants may include but is not limited to:

- (a) Vacancy of the program's medical director without an identified acting medical director; or
- (b) Vacancy of the program's sole clinician.

.04 Staff Training and Competency Plans.

A. An organization operating a community-based behavioral health services program shall develop and implement a training plan that covers each staff member which includes at a minimum policies and procedures related to:

- (1) Onboarding;
- (2) Orientation;

- (3) Annual training;
- (4) Performance standards; and
- (5) Competency development.

B. Within 60 business days of hire, at minimum, all staff shall receive training from the organization in, at minimum, the following:

- (1) Role and responsibilities;
- (2) Corporate compliance;
- (3) Confidentiality and communication with program participants and others, including participant consent;
- (4) Building caring and collaborative relationships with program participants;
- (5) Setting and maintaining safe boundaries with program participants;
- (6) Confidentiality and communication with program participants and others, including participant consent;
- (7) Any other training as specified within the program descriptions set forth in this subtitle; and
- (8) Any other training required by the organization's accreditation organization.

C. Staff Training Records. An organization shall maintain all staff training in accordance with the employment records requirements contained in COMAR 09.32.01.06.

.05 Background Checks for All Programs.

A. Employees of community-based behavioral health programs are in a position to:

- (1) Jeopardize the life or safety of program participants;
- (2) Cause significant loss or damage by illegally accessing or misusing the fiscal or non-fiscal assets of the employer, including controlled substances; or
- (3) Otherwise engage or participate in criminal conduct in violation of State, local, and federal law.

B. Criminal Background Checks.

(1) An organization shall, at minimum, perform a criminal background check, at the organization's expense, for each employee and contractor:

- (a) Prior to employment; and
- (b) Every 5 years.

(2) The pre-employment criminal background check shall, at minimum, include:

(a) The individual's criminal history record information in any state in which they have lived or worked in the past 10 years; and

(b) If their scope of work for the organization includes transporting program participants, the individual's driving record in any state in which they have lived or worked in the past 10 years.

(3) Any subsequent criminal history record background checks conducted while the individual is employed by the organization shall, at minimum, include the State, and, if the individual resides out of State, the state in which the individual resides.

(4) Any organization providing licensed behavioral health services to minors shall comply with the criminal background check requirements set forth in Family Law Article, §5-551, Annotated Code of Maryland.

(5) A criminal background check through the Criminal Justice Information System will satisfy the requirements of:

- (a) The initial pre-employment criminal background check; or
- (b) Any subsequent criminal background checks.

(6) An organization participating in the Department of Public Safety and Correctional Services Rap Back Program is exempt from the requirements of §B(1)(b) of this regulation.

C. Professional Licensure Background Check.

(1) An organization shall perform a professional licensure background check for each employee and contractor who holds professional licensure:

- (a) Prior to employment; and
- (b) Every two years.

(2) Each professional licensure background check shall include the State and any state in which the individual has held professional licensure in the past 10 years.

D. Continuous Monitoring for Exclusion.

(1) Each organization shall continuously monitor the following resources to ensure they are not employing individuals who have been excluded from providing services:

- (a) Maryland Medicaid's sanctioned providers list;
- (b) The Department's Office of the Inspector General's exclusion list; and
- (c) The federal Department of Health and Human Services, Office of the Inspector General's List of Excluded Individuals/Entities database.

(2) An organization shall, at minimum, check all employees for exclusion in the resources enumerated in §D(1) of this regulation quarterly.

E. Background Check Policy.

(1) An organization shall have a background check policy covering each program it operates regarding the criminal history and professional licensure history of employees and contractors.

(2) The background check policy, at a minimum, shall:

- (a) Outline the criteria to be used to determine if an individual with a criminal history can be employed by the organization, including the following considerations:
- (i) The age at which the individual committed the crime;
 - (ii) The circumstances surrounding the crime;
 - (iii) Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;
 - (iv) The length of time that has passed since the crime;
 - (v) Subsequent work history;
 - (vi) Employment and character references; and
 - (vii) Other evidence that demonstrates whether the employee, contractor, or volunteer poses a threat to the health or safety of program participants, program staff, or members of the public;
- (b) Outline the criteria to be used to determine if an individual with a license not in good standing in the past 10 years can be employed by the organization; and
- (c) Require employees and contractors to report the following:
- (i) All arrests or pending criminal charges except for minor traffic violations that occur during employment; and
 - (ii) Any change in professional license or certificate status.
- (3) The background check policy may contain exclusionary criteria stricter than required by §F of this regulation, as appropriate, to protect program participants.

F. Exclusionary Criteria.

- (1) The organization may not employ an employee or contractor if the organization does not complete the criminal background check and professional licensure check as required by §§A and B of this regulation.
- (2) The organization may not employ an employee or contractor if the individual is excluded from providing services by:
- (a) Maryland Medicaid;
 - (b) The Department's Office of the Inspector General; or
 - (c) The federal Department of Health and Human Services.
- (3) An organization may not employ an employee or contractor if the individual has been convicted at any time of:
- (a) Child abuse;
 - (b) Abuse or neglect of a vulnerable adult; or
 - (c) Sexual abuse.

G. Documentation Requirements.

- (1) An organization shall document the organization's:
- (a) Review of criminal history and professional licensure records of potential employees and contractors;
 - (b) Decisions regarding the impact of the criminal history or professional licensure history on the employability of each applicant for employment and on each employee and contractor; and
 - (c) Implementation of the policy required by §E of this regulation.
- (2) An organization shall maintain the documentation required by §G(1) of this regulation for 3 years after the individual either:
- (a) Is not hired; or
 - (b) If hired, leaves employment with the organization.

H. An organization seeking to utilize volunteers shall ensure current and prospective volunteers are subject to the background check requirements as described in §§A—G of this regulation.

.06 Clinical Director.

A. A clinical director is an organizational level staff member and may perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

B. A clinical director shall possess, at minimum, the following qualifications:

- (1) Active professional mental health licensure at the independent practice level in accordance with the applicable Board under Health Occupations Article, Annotated Code of Maryland; and
- (2) At least 5 years of documented experience in human services, 2 years of which include providing administrative or clinical supervision.

C. A clinical director shall:

- (1) Be an employee of the organization which operates the program which they direct;
- (2) Be available in person at each program site a sufficient number of hours in order to effectively direct the clinical aspects of the program in accordance with §D of this regulation; and
- (3) Arrange for an appropriate clinical supervisor in accordance with Health Occupations Article, Annotated Code of Maryland.

D. A clinical director is responsible for the following functions:

- (1) Leading and approving the development of clinical program policies and procedures;
- (2) Providing clinical supervision and oversight of the clinical quality of the organization;
- (3) Managing clinical crises; and
- (4) Ensuring the organization follows appropriate discontinuation of service procedures including transition of care in accordance with COMAR 10.63.01.13.

E. A clinical director may be a clinical supervisor in accordance with Health Occupations Article, Annotated Code of Maryland.

.07 Program Director.

A. A program director is an organizational level staff member and may perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

B. A program director shall possess, at minimum, the following qualifications:

(1) A bachelor's degree from an accredited educational institution; and

(2) 5 years of documented experience in human services, 2 years of which include providing administrative or clinical supervision.

C. The program director shall:

(1) Be an employee of the organization that operates the program which they direct; and

(2) Be available in person at each program site for a sufficient number of hours in order to effectively direct the program in accordance with §D of this regulation.

D. The program director is responsible for the following functions:

(1) Leading and approving the development of program policies and procedures;

(2) Administrative oversight;

(3) Program supervision and oversight;

(4) Ensuring the implementation and safety of the therapeutic and treatment environment;

(5) Ensuring the organization's program license is posted in accordance with COMAR 10.63.06.04D; and

(6) Ensuring the organization follows appropriate discontinuation of service procedures including the transition of care in accordance with COMAR 10.63.01.12.

E. The program director may delegate the responsibilities enumerated in §D of this regulation through a formal delegation agreement.

.08 Corporate Compliance Officer.

A. A corporate compliance officer is an organizational level staff member and may perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

B. A corporate compliance officer or local designee shall meet all minimum qualifications as set forth by the organization.

C. The corporate compliance officer shall:

(1) Be an employee of the organization that operates the program which they oversee; and

(2) Be available in person or via audio-visual conferencing at each program site for a sufficient number of hours in order to effectively oversee the program in accordance with §D of this regulation, or appoint a local designee to serve as the corporate compliance officer for the licensed program site.

D. The corporate compliance officer shall:

(1) Have direct access to the organization's corporate officers;

(2) Educate the organization on necessary compliance requirements;

(3) Develop and oversee compliance with the corporate compliance plan in accordance with COMAR 10.63.02.04; and

(4) Address noncompliance within the organization and, if necessary, report noncompliance in accordance with COMAR 10.63.02.04C.

.09 Licensed Mental Health Professionals and Clinical Supervisors.

A. Licensed Mental Health Professionals.

(1) A licensed mental health professional is dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

(2) A licensed mental health professional shall possess active licensure in accordance with Health Occupations Article, Annotated Code of Maryland and may include the following:

(a) Psychiatrist;

(b) Licensed psychologist;

(c) Psychiatric nurse practitioner;

(d) Clinical nurse specialist in psychiatric and mental health nursing;

(e) Licensed certified social worker-clinical;

(f) Licensed clinical alcohol and drug counselor;

(g) Licensed clinical marriage and family therapist;

(h) Licensed clinical professional art therapist;

(i) Licensed clinical professional counselor; or

(j) An individual properly supervised under a formal supervision agreement who is either a:

(i) Licensed master social worker;

(ii) Licensed graduate alcohol and drug counselor;

(iii) Licensed graduate marriage and family therapist;

(iv) Licensed graduate professional art therapist;

(v) Licensed graduate professional counselor;

(vi) Licensed certified social worker; or

(vii) Registered psychology associate.

B. Clinical Supervisors.

(1) Clinical supervisors are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

(2) A clinical supervisor shall:

(a) Only provide clinical supervision if actively licensed to do so in accordance with Health Occupations Article, Annotated Code of Maryland; and

(b) If providing supervision to alcohol and drug counselors have written approval from the Board of Professional Counselors as required by COMAR 10.58.07.13—15.

(3) If a clinical supervisor is not an employee of the organization, the clinical supervisor shall execute the following agreements:

(a) A Business Associates Agreement between the clinical supervisor and the organization in accordance with 45 CFR §164.502; and

(b) A formal supervision agreement between the clinical supervisor and the individual they supervise.

C. Clinical Interns. An organization may utilize clinical interns within the scope of service limits established by State law and regulation.

D. An organization may not allow a licensed mental health professional to provide behavioral health services to program participants when the mental health professional is located outside the United States or its territories.

.10 Certified Peer Recovery Specialists.

A. Certified peer recovery specialists are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

B. An organization shall ensure that a certified peer recovery specialist has the following qualifications:

(1) A high school diploma or high school equivalency certificate; and

(2) A current certification as a peer recovery specialist from the Maryland Behavioral-Health Professional Certification Board approved by the Department.

C. A certified peer recovery specialist shall adhere to all requirements of the Maryland Behavioral-Health Professional Certification Board, including at a minimum:

(1) Formal training and education of the knowledge, skills and abilities in each of the four domains identified by the Maryland Behavioral-Health Professional Certification Board; and

(2) Adherence to the Ethics Code of Conduct, Principles and Service Guidelines established by the Maryland Behavioral-Health Professional Certification Board.

D. A certified peer recovery specialist may not perform any clinical treatment services or functions unless otherwise licensed in accordance with Health Occupations Article, Annotated Code of Maryland.

.11 Allied Health Staff.

A. An organization operating a community-based behavioral health services program may utilize allied health staff in the operation of the program to provide:

(1) Support services;

(2) House manager services; or

(3) Direct care services which are not within the scope of practice of a licensed clinical professional in accordance with Health Occupations Article, Annotated Code of Maryland.

B. Qualifications. An organization shall have policies and procedures for the employment of allied health staff which specifies:

(1) Minimum qualifications; and

(2) Any prevailing professional standards in accordance with the program descriptions set forth in this subtitle.

C. A corporate officer may not serve as allied health staff in the course of their regular duties.

.12 Substance-Related Disorder Program Specific Staff.

A. Substance-Related Disorder Clinical Supervisors.

(1) Substance-related disorder clinical supervisors are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

(2) A substance-related disorder clinical supervisor shall have, at minimum, the following qualifications:

(a) Be employed as a clinical supervisor before October 1, 2002 or, at minimum, licensed or certified as one of the following:

(i) A licensed clinical professional counselor;

(ii) A licensed certified social worker - clinical;

(iii) A licensed alcohol and drug counselor; or

(iv) A certified associate alcohol and drug counselor; and

(b) Be approved to supervise from the Board of Professional Counselors and Therapists or the Board of Social Work Examiners as required by COMAR 10.58.07.13—15.

(3) A community-based behavioral health program may utilize a certified associate alcohol and drug counselor who is approved by the Board of Professional Counselors and Therapists to supervise as a substance related disorder clinical

supervisor provided that the certified associate alcohol and drug counselor is appropriately supervised by a Board approved supervisor in accordance with COMAR 10.58.07.07.

(4) A clinical supervisor shall provide supervision of staff, in person or via audio visual teleconference, while maintaining a staff to supervisor ratio of no greater than 1 supervisor to 15 staff.

(5) A clinical supervisor may carry a caseload so long as the supervisor's caseload does not impede the clinical supervisor's ability to supervise.

B. Facility Coordinator.

(1) Facility coordinators for residential substance-related disorder programs are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

(2) A facility coordinator shall have, at minimum, the following qualifications:

(a) A high school diploma or high school equivalency certificate; and

(b) 2 years of experience as an allied health staff member in a substance-related disorder treatment program.

(3) The responsibilities of a facility coordinator include:

(a) Overseeing the daily operations of the licensed program site; and

(b) Ensuring the program site is sufficiently maintained to meet the needs of the program.

C. Substance-Related Disorder Clinical Staff.

(1) Substance-related disorder clinical staff are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.

(2) Substance related disorder clinical staff shall, at minimum, be:

(a) Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists; or

(b) Licensed, certified, or permitted under Health Occupations Article, Annotated Code of Maryland to provide substance related disorder treatment.

(3) Substance-related disorder clinical staff are responsible for the following:

(a) Providing substance-related disorder assessment and treatment services;

(b) Documenting services accurately;

(c) Maintaining confidentiality;

(d) Ensuring services are provided in accordance with applicable supervision requirements; and

(e) Ensuring program participant rights are respected.

10.63.04 [Additional Requirements for Accreditation-Based Licenses for Specific Residential Community-Based Behavioral Health Services] Documentation Requirements

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

(3) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

(5) "Contact note" means an entry that:

(a) Is made in an individual's medical record by a program staff member; and

(b) Describes face-to-face, written, or telephone contact with or regarding the individual.

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

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

(8) "Licensed mental health professional" means:

(a) A psychiatrist; or

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

(9) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland

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

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

(12) "Professional licensure background check" means a background check conducted into an individual's professional status, history, and credentials.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(14) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

(15) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

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

(18) "Telehealth" Health-General Article, §15-141.2, Annotated Code of Maryland.

.02 Documentation Requirements.

A. *Clinical Records.* An organization licensed under this subtitle to operate a community-based behavioral health program shall maintain documentation of all behavioral health services provided to program participants, to include, at minimum:

(1) Any referral for service or request for admission;

(2) Demographic information for program participants;

(3) Referrals made for program participants, if applicable;

(4) Receipt of policies in accordance with §B of this regulation;

(5) Release of information in accordance with §D of this regulation;

(6) Consent for services in accordance with Regulation .04 of this chapter;

(7) Comprehensive assessments in accordance with Regulation .05 of this chapter;

(8) Contact notes in accordance with Regulation .06 of this chapter;

(9) Program participant care planning in accordance with Regulation .07 of this chapter; and

(10) Discharge planning in accordance with Regulation .08 of this chapter.

B. An organization shall maintain documentation that all program participants have received copies of:

(1) The organization's grievance policy in accordance with;

(2) Any necessary billing documents; and

(3) The notice of participant rights in accordance with Regulation .10C of this chapter.

C. *Confidentiality.* An organization shall maintain program medical records and confidential information:

(1) According to the requirements of Regulation .03 of this chapter; and

(2) At the licensed program site in a location that is:

(a) Exclusively controlled by the organization; and

(b) Locked.

D. *Release of Information.*

(1) An organization licensed to provide community-based behavioral health services shall document requests to release program participant information in accordance with Regulation .03 of this chapter.

(2) *Minimum Requirements.* At minimum, the release of information shall document the following information:

(a) Program participant information to include relevant demographic information;

(b) Name of individual or organization into which the information is being released;

(c) Reason for the release of information;

(d) A signature block for all required signatures which may be handwritten or electronic which includes the following for the program staff:

(i) Printed name;

(ii) Signature; and

(iii) Date of signature;

(e) Statement indicating that release of information is valid for 1 calendar year and may be revoked by the program participant at any time;

(f) Documentation of review with the program participant or their parent or guardian, that:

(i) The program may disclose, without consent, certain protected health information; and

(ii) Obtain an acknowledgment from the individual of having received notice that such disclosure may occur;

(g) That the program may disclose, without consent, protected health information to other medical assistance programs and providers; and

(h) The requirements of the relevant federal and State regulations, as to scope and limits of the confidentiality provisions.

.03 Consent for Services.

- A. Before initiating services to program a participant an organization shall at minimum:*
- (1) Obtain written consent from the participant or the participant's parent or guardian, if appropriate, prior to rendering services to the program participant; and*
 - (2) Involve, as appropriate, the participant's family members, and others designated by the participant in their services.*
- B. If the program participant agrees to consent to services but is unable or unwilling to give written consent, the program shall:*
- (1) Document the reason why the program participant cannot give written consent;*
 - (2) Verify the program participant's verbal consent to services; and*
 - (3) Periodically attempt to obtain written consent from the program participant and document such efforts.*
- C. Inferred Consent for Services. If a Mobile Crisis Team program is unable to obtain consent for services in accordance with §§A and B of this regulation, consent for Mobile Crisis Team program services may be inferred by the program participant's continued engagement with program staff.*

.04 Comprehensive Assessments.

A. As applicable, an organization licensed to provide community-based behavioral health services shall conduct a comprehensive assessment in accordance with:

- (1) The standards of the organization's accreditation organization; and*
- (2) §B of this regulation.*

B. Minimum Requirements. At minimum, the comprehensive assessment shall document the:

- (1) Program participant's:*
 - (a) Information including relevant demographic information;*
 - (b) Presenting problem or reason for referral;*
 - (c) History including their:*
 - (i) Medical history, including current medications;*
 - (ii) Substance use history;*
 - (iii) Family behavioral health history;*
 - (iv) Trauma or abuse history;*
 - (v) Legal history; and*
 - (vi) Cultural background;*
 - (d) Strengths and Resources;*
- (2) Date of assessment, and the start end time of assessment;*
- (3) Licensed professional's clinical impression, as applicable;*
- (4) Diagnosis;*
- (5) Any ASAM Level of Care recommendations, if applicable; and*
- (6) A signature block for all required signatures which may be handwritten or electronic which include the following for all rendering providers:*
 - (a) Printed name;*
 - (b) Title;*
 - (c) Signature; and*
 - (d) Date of signature.*

.05 Contact Notes.

A. An organization licensed to provide community-based behavioral health services shall document contact notes in accordance with:

- (1) The standards of the organization's accreditation organization; and*
- (2) §B of this regulation.*

B. Minimum Requirements. At minimum each contact note shall contain:

- (1) The program participant's information including relevant demographic information;*
- (2) The date of service with service start and end times;*
- (3) The program participant's primary behavioral health complaint or the reason for the visit or communication;*
- (4) A brief description of the service provided, including progress notes and any referrals for additional services;*
- (5) The place of service;*
- (6) Whether the service is by telehealth, and, if so, the location of both the licensed mental health professional and the program participant; and*
- (7) A signature block for all required signatures which may be handwritten or electronic which includes the following for the licensed mental health professional:*
 - (a) Printed name;*
 - (b) Title;*
 - (c) Signature; and*
 - (d) Date of signature.*

.06 Psychiatric Evaluations.

A. As applicable, an organization licensed to provide community-based behavioral health services shall conduct a psychiatric evaluation, in accordance with:

- (1) The standards of the organization's accreditation organization; and
- (2) §B of this regulation.

B. Minimum Requirements. At minimum, the psychiatric evaluation shall document:

- (1) The program participant's:
 - (a) Information including relevant demographic information;
 - (b) Presenting problem or reason for evaluation; and
 - (c) Brief medical history, including their family medical history;
- (2) Date of the evaluation, and the evaluation's start and end time;
- (3) Notes from the participant's:
 - (a) Mental status exam;
 - (b) Physical examination and laboratory tests performed, if applicable;
 - (c) Cognitive and behavioral tests performed, if applicable;
- (4) Diagnosis; and
- (5) A signature block for all required signatures which may be handwritten or electronic signatures and includes the following for the physician or practitioner:
 - (a) Printed name;
 - (b) Title;
 - (c) Signature; and
 - (d) Date of signature.

.07 Participant Individual Care Planning.

A. An organization licensed to provide community-based behavioral health services shall develop the program participant's individual care plan:

- (1) In accordance with the standards of the organization's accreditation organization;
- (2) In accordance with §B of this regulation; and
- (3) In conjunction with:
 - (a) The program participant;
 - (b) The program participant's parent or legal guardian; or
 - (c) Any other individual designated by the program participant as appropriate.

B. Minimum Requirements. At minimum, the participant's individual care plan shall document:

- (1) The program participant's:
 - (a) Information including relevant demographic information; and
 - (b) Clearly defined and measurable goals which allow for tracking progress;
- (2) The date the care plan was completed;
- (3) Any staff interventions and techniques to be implemented to assist the program participant in reaching their goals; and
- (4) A signature block which meets the requirements of §C(1) of this regulation for:
 - (a) The program participant or the participant's parent or guardian in accordance with §C(2) of this regulation;
 - (b) The staff completing the plan with the participant; and
 - (c) Any treating professional who collaborated on the plan including the treating prescriber, other licensed mental health professionals, rehabilitation specialists, or the clinical supervisor if applicable.

C. Signature Requirements.

(1) Signature Block. The signature block for the individual care plan which may be handwritten or electronic shall contain the signer's:

- (a) Printed name;
- (b) Title, if applicable;
- (c) Signature; and
- (d) Date of signature.

(2) Program Participant Signature.

- (a) If the program participant is unable or unwilling to sign the individual care plan, the organization shall:
 - (i) Verify and document the participant's verbal agreement to the plan; and
 - (ii) Document the reason for the verbal agreement.
- (b) If the program participant is under the age of 18, the minor's parent or guardian shall sign the care plan unless the program documents the minor's consent under Health-General Article, §§20-102 and 20-104, Annotated Code of Maryland.

.08 Participant Discharge Plan.

A. An organization licensed to provide community-based behavioral health services shall conduct discharge planning:

- (1) In accordance with the standards of the organization's accreditation organization;
- (2) In accordance with §B of this regulation; and
- (3) In collaboration with:
 - (a) The program participant;

- (b) The participant's parent or legal guardian; or
- (c) Any other individual designated by the participant as appropriate..

B. Minimum Requirements. At a minimum the discharge plan shall document:

- (1) The referral of the program participant to or scheduled appointment with a provider for the next level of care;
- (2) A list of prescribed medications for the program participant, including dosage, if applicable;
- (3) A list of crisis services providers; and
- (4) Any referrals for the participant to community-based services and supports, if applicable.

.09 Organization's Administrative Records.

A. An organization shall maintain a personnel record for all employees, contractors, volunteers and interns who provide services to program participants at a community-based behavioral health program in accordance with:

- (1) The standards of the organization's accreditation organization; and
- (2) §§B—F of this regulation.

B. Personnel Records. At minimum, the personnel record for each employee, contractor, volunteer, and intern shall include the individual's:

- (1) Identifying information;
- (2) Education and training history;
- (3) Employment history;
- (4) Documentation of criminal background check and professional licensure background check in accordance with COMAR 10.63.03.05;
- (5) Job description in accordance with §B of this regulation;
- (6) Documented qualifications;
- (7) Documented staff training and competency plan in accordance with COMAR 10.63.03.04;
- (8) Timekeeping records in accordance with §D of this regulation; and
- (9) A record of any disciplinary action taken by the organization.

C. Job Description. An organization shall maintain a written job description for each position which shall include at minimum the:

- (1) Job title;
- (2) Duties and responsibilities of the position;
- (3) Minimum knowledge, skills, and abilities required;
- (4) Minimum education or experience required;
- (5) Any required professional credentials; and
- (6) Position's training requirements.

D. Timekeeping. An organization shall maintain timekeeping records in accordance with COMAR 09.32.01.06 for required staff enumerated in COMAR 10.63.03 or in any of the program descriptions set forth in this subtitle and contractors, including physicians and nurse practitioners.

E. Governing Body and Organizational Structure. An organization shall maintain documentation:

- (1) Of the administrative framework of the governmental agency in which the organization is a component; or
- (2) Describing the legal and administrative framework under which the organization was established and operates.

F. Fiscal Responsibility and Sustainability.

(1) An organization or its parent corporation shall maintain documentation of the organization's fiscal sustainability in accordance with:

- (a) The standards of the organization's accreditation organization; and
- (b) §F(2) of this regulation.

(2) Fiscal responsibility and sustainability documentation shall include, at minimum:

(a) Documentation of working capital or a line of credit that is adequate to ensure ongoing operations for at least 90 days on an ongoing basis;

(b) Documentation of a working budget showing projected revenue and expenses; and

(c) The title and qualifications of the person with the authority and responsibility for the fiscal management of the program's services.

(3) If the organization charges program participants for program services, the written schedule of rates and charges shall be available to a program participant or their authorized representative upon request.

10.63.05 [Descriptions and Criteria for Programs Requiring a Non-Accreditation-Based License] Community-Based Behavioral Health Program Site Requirements

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (2) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (3) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.
- (4) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (5) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (6) "Department" means the Maryland Department of Health.
- (7) Dietary Services.
- (a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.
- (b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.
- (8) "Dwelling" has the meaning stated in 42 U.S.C. §3602.
- (9) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) Local Authority.
- (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
- (b) "Local authority" includes the:
- (i) Core service agency as defined in Health General Article, §7.5-101(g), Annotated Code of Maryland;
- (ii) Local addictions authority as defined in Health General Article, §7.5-101(j), Annotated Code of Maryland; and
- (iii) Local behavioral health authority as defined in Health General Article, §7.5-101(k), Annotated Code of Maryland.
- (12) Mental Disorder.
- (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
- (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
- (c) "Mental disorder" does not include an intellectual disability.
- (13) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (14) "Participant" means an individual receiving behavioral health services in a community-based program.
- (15) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)—(c).
- (16) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (17) "Site" means the location where the organization operates the program as detailed on the program's license.
- (18) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (19) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 General Site Requirements.

A. An organization's licensed program site shall:

- (1) Be located in the State;
- (2) Comply with applicable federal, State, and local sanitation, building, fire codes, and zoning laws;
- (3) Meet the accessibility requirements of §B of this regulation;
- (4) Provide sufficient space for licensed services;
- (5) Be appropriately furnished, well lit, adequately ventilated, and easily accessible;
- (6) Be maintained in good repair, safe, and clean;
- (7) Be free of insects and rodents;
- (8) Be free of hazards which may jeopardize the health or safety of program participants;
- (9) Provide:

(a) Secure storage for program participant records and confidential business information in accordance with COMAR 10.63.02 and 10.63.04;

(b) For the safe and sanitary disposal of trash;

(c) Marked fire exits and the posting of evacuation routes;

(d) Access to restrooms for program participants receiving services on site; and

(e) Safe and secure storage of program participant medication, if applicable;

(10) Be free from fire hazards and have:

(a) Adequate and functional smoke and carbon monoxide detectors, and any required alarms, that meet local fire codes;

(b) A written fire evacuation plan; and

(c) A current fire inspection certification; and

(11) Within the first 30 days of employment, provide staff training in emergency evacuation procedures.

B. Accessibility Requirements.

(1) A community-based behavioral health program licensed under this subtitle shall make all reasonable efforts to be accessible to program participants.

(2) Program accessibility shall include, at minimum:

(a) Compliance with the federal Americans with Disabilities Act, 42 U.S.C. §§12101—12213;

(b) Compliance with the federal Patient Protection and Affordable Care Act, 42 U.S.C. § 18116;

(c) The provision of translation services as necessary to meet the needs of program participants; and

(d) Making reasonable accommodations and modifications to be able to serve program participants with physical disabilities to the maximum extent possible.

(3) Programs which are not fully accessible shall refer individuals to a community-based behavioral health program which is fully accessible.

C. Dietary Services. If an organization's licensed program prepares and provides meals on-site, the program shall:

(1) Have a written plan describing the organization and delivery of dietary services;

(2) Provide dietary services in accordance with Health-General Article, §7-402(e), Annotated Code of Maryland, and any program specific limitations under this subtitle; and

(3) Require a dietitian licensed under the Health Occupations Article, §5-101, Annotated Code of Maryland, to develop and implement the dietary service plan.

.03 Outpatient Program Site Requirements.

A. General Outpatient Program Site Requirements. An outpatient community-based behavioral health program site shall:

(1) Meet the general site requirements in accordance with Regulation .02 of this chapter; and

(2) Have sufficient space to provide confidential behavioral health services during approved operating hours.

B. Physical Location. An outpatient program site may not be located in a private dwelling.

C. Shared Space. If an organization utilizes a shared space for a program providing outpatient community-based behavioral health services, the organization shall maintain confidentiality in accordance with the requirements of COMAR 10.63.04.

.04 Residential Program Site Requirements.

A. General Residential Program Site Requirements. A residential community-based behavioral health program site shall:

(1) Meet general site requirements in accordance with Regulation .02 of this chapter; and

(2) Have sufficient space to provide confidential behavioral health services during approved operating hours.

B. Physical Location. A residential site:

(1) May not have any housing, sanitation, building and occupancy, fire, or zoning code violations; and

(2) Shall have:

(a) Hot and cold running water;

(b) Adequate light, heat, and ventilation to ensure the safety of program participants;

(c) Sufficient, appropriate, and functional furnishings, equipment, supplies, and utensils comparable to those found in the residences of nondisabled individuals;

(d) Except in a residential rehabilitation program utilizing apartments or mental health permanent supported housing program, private space for administrative and counseling staff to provide services, if providing services;

(e) A dining area;

(f) A living room or common space;

(g) Space for leisure time activities; and

(h) A separate entrance for any other service or program operating on the same site unless approved by the

Department.

C. Kitchen Requirements. A residential program site shall have a kitchen which shall:

(1) Have adequate space for food preparation;

(2) Accommodate all residents;

(3) Be commensurate to the size of the facility; and

(4) Have trash cans with lined containers and covers.

D. For each residential program participant, each participant shall:

(1) Have the resources to purchase or have access to food;

- (2) Have the resources to acquire an adequate supply of soap, towels, and toilet tissue;
- (3) If self-administering medication, have access to a secure storage area for their medications;
- (4) Have access to a secure storage area for funds and valuables;
- (5) Have access to transportation;
- (6) Have access to a telephone in the residence; and
- (7) To the extent possible, be permitted to use personal possessions and preferences in furnishing and decorating the resident's space.

E. Bedroom Requirements.

- (1) A residential program shall ensure that each bedroom has:
 - (a) A minimum of 70 square feet for a single bedroom and a minimum of 120 square feet for a double bedroom, and an additional 60 square feet each for additional beds.
 - (b) Except for existing dormitory-style arrangements as outlined in §D(2) of this regulation, a maximum of 6 program participants using the bedroom in mental health and substance-related disorder treatment or recovery programs;
 - (c) Except for an efficiency apartment, or permitted dormitory-style arrangement, an interior door;
 - (d) Closet space in or convenient to each bedroom for each program participant using the bedroom;
 - (e) Coverings for each window, for privacy;
 - (f) A bed for each program participant that has:
 - (i) A clean mattress, in good condition, with a protective cover, that matches the size of the bed frame;
 - (ii) A foundation to support the mattress;
 - (iii) A bed frame on which the foundation rests;
 - (iv) Bed side rails, if necessary for the safety of the program participant;
 - (v) A pillow; and
 - (vi) At least two sets of clean bed linens;
 - (g) Beds that are, at minimum, twin in size, not roll away beds or recliners, and at least 36 inches apart;
 - (h) At least two dresser drawers and an enclosed space for hanging clothes for each program participant;
 - (i) A mirror;
 - (j) Separate sleeping quarters for adolescent and adult program participants;
 - (k) Beds that do not block egress from a window; and
 - (l) At least 60 square feet of personal space per program participant.
- (2) Dormitory Style Sleeping Arrangements. A residential program may not utilize dormitory style sleeping arrangements unless the dormitory style sleeping arrangement:
 - (a) Have been pre-approved by the Administration for substance-related disorder residential crisis programs;
 - (b) Is approved by the Administration for Level 3.1, Level 3.3 and Level 3.5 substance-related residential treatment programs that are already using dormitory style sleeping arrangements; and
 - (c) Is for a Level 3.7 residential treatment program.

F. Bathrooms. A residential program shall ensure that each toilet and bathing area has:

- (1) A minimum of one toilet and bathroom sink for every four program participants;
- (2) One tub or shower, connected to hot and cold water, and a bath mat with non-slip backing or equivalent, for every six program participants;
- (3) A bathroom which is easily accessed and conveniently located, not more than one floor level from living, dining, and sleeping rooms; and
- (4) Privacy for the individual using the bathroom.

.05 Residential Program Site Emergency and Safety Procedures.

A. Emergency Procedure Notifications. A residential community-based behavioral health program site shall ensure that:

- (1) Posted near the telephone are telephone numbers for the:
 - (a) Fire department, police, ambulance, and poison control center; and
 - (b) Program's on-call staff;
- (2) A written emergency evacuation plan is posted conspicuously and updated annually; and
- (3) An emergency evacuation procedure is explained to program participants within 10 days after their admission and conducted, at a minimum, every 3 months thereafter.

B. Annual Environmental Safety Review. A residential community-based behavioral health program site shall:

- (1) The residential program shall conduct and document an annual environmental safety review; and
- (2) Based on the review conducted in accordance with §B(2)(a) of this regulation, the residential program shall take actions to:
 - (a) Ensure that a residential site meet applicable residential safety codes; and
 - (b) Ensure that a program takes action to ensure that issues creating an unnecessary risk of self-harm are mitigated.

C. Safety Plan and Policies. A residential community-based behavioral health program site shall:

- (1) Have a written safety plan and associated policies that cover at minimum:
 - (a) Flood risk;
 - (b) Fire;
 - (c) Active shooter and threats;

- (d) Environmental hazards; and
- (e) Community safety.

(2) The program shall ensure that documented monthly safety drills are conducted.

D. Relocation Plan. A residential community-based behavioral health program site shall have a written relocation plan for each site that shall:

- (1) Specify where program participants may live temporarily if the local authority determines that conditions in the approved residential site pose an imminent risk to the health, safety, or welfare of a program participant or becomes uninhabitable;
- (2) Be approved and updated annually by the local authority; and
- (3) When executed, require notification to the local authority no later than 24 hours following the relocation.

.06 Residential Program Site Dietary Services.

A. Dietary Services. If meals are provided, a residential program site shall:

- (1) Comply with applicable local, State, and federal laws;
- (2) Obtain any necessary permits;
- (3) Have a written plan describing the organization and delivery of dietary services; and
- (4) Require a dietitian licensed under the Health Occupations Article, §5-101, Annotated Code of Maryland, to develop or review the dietary service plan.

B. Staff of programs that are exempted under Health-General §7.5-402(e), Annotated Code of Maryland, from obtaining a commercial food service license in a residential treatment program for substance-related disorders with fewer than 17 residents shall:

- (1) Ensure cleanliness and hygiene in accordance with §B(3) of this regulation;
- (2) When in a food preparation or utensil washing area, handle containers in a way that prevents contamination of:
 - (a) An individual's hands;
 - (b) Exposed food;
 - (c) Clean equipment;
 - (d) Utensils;
 - (e) Linens; and
 - (f) Unwrapped single service or single use articles.
- (3) Ensure no cross-contamination from one item to another, including, but not limited to the use of cooking implements in multiple dishes, the mixing of raw and cooked food, or handling different food items without first rewashing hands;
- (4) Ensure that cooked items are:
 - (a) Heated to cooking temperatures recommended by the federal Food Safety and Inspection Services of the United States Department of Agriculture; and
 - (b) Maintained at the temperature recommended by the federal Food Safety and Inspection Services of the United States Department of Agriculture prior to dining and prior to storage; and
- (5) Ensure that items being stored:
 - (a) Are promptly refrigerated at a temperature of no higher than 400F;
 - (b) Are labeled with the date of preparation; and
 - (c) Are disposed of within an appropriate time.

C. Cleanliness and Hygiene.

- (1) Residential programs shall ensure cleanliness and hygiene by ensuring that:
 - (a) Individuals involved in food preparation of food shall wash their hands and cooking surfaces frequently, including prior to handling food, whenever leaving the food area, or whenever any form of contamination occurs;
 - (b) Food is prepared, served, and stored in a clean and sanitary environment;
 - (c) Kitchen implements and storage receptacles are clean, clearly labeled, and hygienic;
 - (d) The program follows COMAR 10.15.03.14A-D with regards to employee or participant illness; and
 - (e) Employees involved in food preparation receive training in proper food handling and sanitation as it relates to their assigned duties.
- (2) Residential program staff supporting program participants in preparing their own food shall provide ongoing training and support to participants preparing food which promote the practices outlined in this regulation, including, at minimum annual refresher training.

.07 Requirements for Residential Facilities Serving Youth.

A. All organizations that provide residential services to youth and adolescents shall meet all requirements outlined in COMAR 10.63.05.04, as well the requirements of §§B— of this regulation.

B. General. The organization shall ensure that:

- (1) Basic life needs are met, according to the requirements of COMAR 01.04.04.17; and
- (2) Communication and visiting policies, and daily routines are implemented according to the requirements of:
 - (a) Health-General Article, §§10-702 and 10-703, Annotated Code of Maryland; and
 - (b) COMAR 14.31.06.09B.

B. Supervision of Youth. The organization shall ensure that residential staff, as defined in COMAR 10.63.03, provide supervision for each program participant on the premises, as follows:

- (1) During the hours of 8am to 10pm at least one staff member shall be present for every 3 youth in the residence;*
- (2) During the 10pm to 8am, at least one awake staff member shall be present in the residence; and*
- (3) At all times, at least one staff member shall be available, at the request of on-duty staff or management, to arrive at the residence within 1 hour of the request.*

C. The organization shall have a policy that outlines the organization's procedures for contacting emergency response to include emergency services, crisis response, and law enforcement.

D. Elopement.

(1) In the event of a youth or adolescent program participant elopement, the facility shall contact no later than 2 hours after the elopement:

- (a) The program participant's parent or guardian; and*
- (b) Law enforcement.*

(2) In the event of a youth or adolescent program participant elopement, the facility shall re-assess the program participant and determine whether:

- (a) The participant requires a higher level of care or security; or*
- (b) The participant can be safely served at the facility.*

E. Facility Security.

(1) The organization shall maintain an alarm or security system to alert staff to unauthorized entry and exit into the facility.

(2) Contraband. The organization shall:

- (a) Provide a copy of its contraband policy to program participants and their parent or guardian upon admission; and*
- (b) Inform program participants of search policies to prevent contraband.*

(3) The organization shall:

- (a) Verify visitor identification;*
- (b) Maintain a sign-in log; and*
- (c) Screen any visitors for contraband prior to permitting entry.*

(4) The organization shall ensure program participants and visitors are aware of the use of CCTV and other recording devices in the facility and on the facility grounds.

10.63.06 [Application and] Licensure Process

Authority: Health-General Article, §§[7.5-204, 8-402, 8-404,] 2-104(b), 7.5-204(a)(2), and [10-901] 7.5-402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

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

(5) "Administrative Withdrawal" means the Administration's cancellation of an organization's application for licensure.

(6) "Agreement to cooperate" means a written agreement between an organization operating a program and the appropriate local authority that provides for coordination and cooperation in carrying out behavioral health activities in a given jurisdiction.

(7) "Applicant" means the legally authorized individual or entity submitting an application for licensure.

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

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

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

(11) Corporate Officers.

(a) "Corporate officers" means the managing employees or other individuals responsible for the conduct of the affairs of the organization inclusive of the organization's controlling board.

(b) "Corporate officers" includes but is not limited to the organization's:

- (i) Chief Executive Officer;*
- (ii) Chief Financial Officer;*

- (iii) Chief Medical Officer;
 - (iv) Chief Information Officer;
 - (v) Corporate Compliance Officer;
 - (vi) Board members; and
 - (vii) Other senior officers of the organization.
- (12) "Corrective Action" means specific actions undertaken by an organization to address a violation of any local, state, or federal law or regulation.
- (13) "Critical Incident" means an event that impacts the health, safety, or welfare of a program participant or staff.
- (14) "Deficiency" means a failure to meet a licensure, or certification standard, a material accreditation standard, or a relevant federal, State, or local ordinance, law, regulation, or building code, as applicable.
- (15) "Department" means the Maryland Department of Health.
- (16) Dietary Services.
- (a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.
 - (b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.
- (17) "Discontinuation Plan" means an organization's written plan which is provided to the Administration when the organization intends to discontinue program or licensed service operations.
- (18) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (19) "Jurisdiction" means Baltimore City or one of the 23 counties in the State.
- (20) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (21) Local Authority.
- (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
 - (b) "Local authority" includes the:
 - (i) Core service agency as defined in Health General Article, §7.5-101(g), Annotated Code of Maryland;
 - (ii) Local additions authority as defined in Health General Article, §7.5-101(j), Annotated Code of Maryland; and
 - (iii) Local behavioral health authority as defined in Health General Article, §7.5-101(k), Annotated Code of Maryland.
- (22) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (23) "Participant" means an individual receiving behavioral health services in a community-based program.
- (24) "Plan of Correction" means an organization's written plan of corrective actions to address program deficiencies.
- (25) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (26) "Resident agent" has the meaning stated in Corporations and Associations Article, §1-101, Annotated Code of Maryland.
- (27) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (28) "Secretary" means the Secretary of the Maryland Department of Health or their designee.
- (29) "Site" means the location where the organization operates the program as detailed on the program's license.
- (30) "Variance" means an alternate method of meeting the intent of a regulation under this subtitle as approved by the Administration.
- (31) "Zoning verification" means an official document from a local government's permitting authority that confirms a property's current zoning classification, permitted uses, and compliance with local laws.

.02 License Application Process for All Community-Based Behavioral Health Programs.

A. An organization seeking to operate a program to provide community-based behavioral health services shall submit an application for licensure to the Administration or its designee in the manner specified by the Administration.

B. The application shall, at minimum, provide the following information:

- (1) The services the organization intends to provide at the program site;
- (2) Verification of the organization's compliance with all applicable requirements for the program under this subtitle; and
- (3) Attestation of the organization's compliance with relevant federal, State, or local ordinances, laws, regulations, and orders governing the program.

C. The applicant shall report the following information regarding the organization seeking licensure:

- (1) A listing of all individuals or entities with an ownership stake in the organization;
- (2) A listing of the names and contact information of all corporate officers of the organization, including board members;

(3) Contact information including:

- (a) The name and email address of a designated point of contact;
- (b) A mailing address; and
- (c) The organization's resident agent including their contact information; and

(4) A copy of any program license or certification currently or previously held by the organization.

D. The applicant shall complete a disclosure form in the manner specified by the Administration that discloses, at minimum, the following information for individuals or entities with an ownership stake, corporate officers, key staff, or any additional individuals specified by the Administration:

- (1) Any deficiencies identified by an accreditation organization that threaten the health, safety, or welfare of program participants or that may affect its ability to operate a program to provide behavioral health services;
- (2) Any suspension, revocation, or termination of a license;
- (3) Any criminal convictions other than minor traffic violations within the preceding 10- year period;
- (4) Any settlements with the Department's Office of the Inspector General; and
- (5) Any money owed to the Department.

E. The applicant shall include with the application all documentation required in §B—D of this regulation and any additional program specific documentation as set forth in the chapter of this subtitle outlining the program description

F. Additional Application Requirements for Organizations Requiring Accreditation.

(1) An applicant applying for an accreditation-based license shall submit the following with the organization's application:

- (a) The program's most recent behavioral health accreditation survey report;
- (b) The final letter or certificate issuing accreditation to the organization; and
- (c) The findings, reports, and program improvement plans arising from any accreditation survey or decision by any behavioral health accreditation organization during the previous 3 years.

(2) An organization currently operating a program with a plan of correction approved by an approved accreditation organization shall provide:

- (a) A copy of the plan of correction; and
- (b) Documentation demonstrating that the organization's program currently complies with the plan of correction.

G. As part of the license application process, the Administration may request that an organization submit to an inspection of the program site prior to issuing a license.

.03 Agreement with Local Authorities.

A. An organization that is applying for licensure and intends to operate a program to provide community-based behavioral health services in the State shall execute an agreement to cooperate with the applicable local authority in each jurisdiction in which they intend to provide behavioral health services prior to applying for a license for any program licensed under this subtitle.

B. The agreement to cooperate shall provide for coordination and cooperation between the organization and local authority in the jurisdiction that services are to be provided, including, but not limited to, facilitating:

(1) Any site visit, including but not limited to a complaint or critical incident investigation;

(2) The transition of services if the organization closes any of its program sites, or the organization plans to close or discontinue a service;

(3) Program compliance audits; and

(4) The provision of any additional documentation requested by the Administration.

C. The agreement to cooperate may not include a provision that authorizes the local authority to prohibit an organization from offering services at any location.

D. The agreement to cooperate shall be included with the licensure application provided to the Administration.

E. The agreement to cooperate may include a provision authorizing the local authority to conduct pre-licensure inspections or review required documents prior to licensure.

F. An organization shall coordinate and cooperate with the applicable local authority in accordance with the terms of the agreement.

.04 Documentation to Accompany License Application.

A. Applicants shall include the following documentation with their application for licensure to operate a program to provide community-based behavioral health services:

(1) A copy of the agreement to cooperate between the organization and the appropriate local authority as described in Regulation .03 of this chapter;

(2) Copies of all applicable permits required by local jurisdictions and the Administration, including, at a minimum:

(a) Fire permits; and

(b) Zoning verification;

(3) A copy of the organization's current by-laws and articles of incorporation;

(4) A copy of the organization's certificate of status from the State Department of Assessments and Taxation, verifying the organization is in good standing, issued within the current tax year of the application;

(5) A copy of the organizational chart for the organization and program showing the supervisory structure which includes the names, roles, professional titles, and credentials of all required management staff and other required staff;

- (6) Documented verification that the program site is:
 - (a) Owned or leased by the organization;
 - (b) Under the sole control of the organization; and
 - (c) Not prohibited from providing behavioral health services on the site;
- (7) A copy of the organization's business plan and 1 year operating budget; and
- (8) A copy of the organization's plan for continuity of operations in the event of the loss of key staff, the ability to provide services for any reason, loss of facility.

B. Any organization currently operating a community-based behavioral health program with a plan of correction approved by the Administration or local authority shall provide documentation demonstrating the organization's compliance with the plan of correction.

C. Any organization seeking licensure for a community based behavioral health program which provides dietary services in accordance with Health-General Article, §7-402(e), Annotated Code of Maryland shall provide a copy of its dietary service plan and commercial kitchen license for the program or a copy of the service agreement with the dietary service provider.

D. Additional Documentation.

- (1) The Administration may determine additional documentation is necessary to evaluate a license application.
- (2) Upon request, the organization shall provide any additional documentation requested by the Administration.

.05 Issuance of License.

A. The Administration or its designee shall:

- (1) Review all completed and accurate applications for licensure; and
- (2) Provide a formal response to the applicant regarding licensure approval or denial within 120 calendar days.

B. If the Administration or its designee determines that the application meets the requirements of this subtitle to provide community-based behavioral health services, the Secretary shall issue a license to the organization to operate a program to provide community-based behavioral health services that specifies the:

- (1) Programs that the applicant is licensed to provide, including the addresses of all licensed program sites;
- (2) Duration of the licensure period;
- (3) If applicable, the name of the accreditation organization; and
- (4) Date of issue.

C. Notifications of Licensure.

- (1) The Administration shall notify the applicable local authority when an organization has been issued a license to operate a program to provide community-behavioral health services.
- (2) The Administration shall post a license listing on its website that describes the following for each licensed program:
 - (a) The name of the organization operating the program;
 - (b) The licensed program type;
 - (c) The effective dates of licensure; and
 - (d) Contact information:
 - (i) For non-residential programs, the licensed program site address; or
 - (ii) For residential programs, the contact address which is provided by the organization.

D. Each organization shall ensure that the license is posted in a public area at the licensed program site.

.06 Duration of License.

A. A license is effective on the date issued as it appears on the license and remains in effect for the duration of the license period.

B. Unless modified by the Secretary for good cause, the license period is:

- (1) For an accreditation-based license, the duration of the accreditation period plus 3 months; or
- (2) For all other licenses, the period established by the Administration at the time the license was issued, which is not to exceed 3 years.

C. The Secretary may, at the Secretary's discretion and with notice to the organization, issue an extension or modify a license expiration date.

.07 Administrative Withdrawal.

A. The Administration may withdraw an application for licensure submitted to the Administration when:

- (1) The Administration cannot make a determination on the application due to incomplete information or missing required documentation;
- (2) The Administration has attempted to contact the applicant using the contact information provided in accordance with Regulation .02C(3) of this chapter to complete the application or obtain the missing documentation; and
- (3) The applicant has not supplied the Administration with completed information within 30 business days of notification that the application is incomplete or that additional documentation is required.

B. The Administration shall notify the organization when an application for licensure has been administratively withdrawn.

C. An applicant whose application is withdrawn in accordance with this regulation may submit a new application in accordance with Regulation .02 of this chapter.

D. An applicant whose application is withdrawn in accordance with this regulation may not submit more than two applications for the same program in one calendar year.

E. An administrative withdrawal of an application is not a denial and may not be appealed in accordance with COMAR 10.63.38.09.

.08 Post-Licensing Inspections.

- A. The Administration or its designee may make announced or unannounced visits to inspect an organization at:
- (1) A licensed program site;
 - (2) An administrative office; or
 - (3) Any other location deemed necessary for the health, safety, or welfare of program participants.
- B. The Administration, or its designee, has the authority to inspect, scan, and copy business records of the organization or program, including but not limited to:
- (1) Financial records;
 - (2) Treatment records;
 - (3) Service records;
 - (4) Staffing records; and
 - (5) Policies and procedures.
- C. The Administration, or its designee, may inspect an organization operating a program providing behavioral health services to:
- (1) Determine compliance with any accreditation standards;
 - (2) Follow-up on any issue identified by the organization's accreditation organization;
 - (3) Validate the findings of the organization's accreditation organization;
 - (4) Investigate any critical incidents; or
 - (5) Determine compliance with any State or federal law or regulation.

.09 Denial of License to Provide Community-Based Behavioral Health Services.

- A. The Secretary may deny a license to any applicant that does not sufficiently demonstrate its ability to meet the requirements of this subtitle to provide community-based behavioral health services.
- B. When determining the applicant's capacity to operate a program in accordance with the requirements of this subtitle, the Secretary shall consider, at minimum, the following:
- (1) If the applicant or any of the individuals listed under Regulation .02C(1)—(2) of this chapter have:
 - (a) Had a previous license revoked by the Administration or other licensing authority, or has surrendered or defaulted on a license for disciplinary related reasons; or
 - (b) Discontinued operations of another program without complying with the requirements of Regulation .08 of this chapter;
 - (2) If the information the applicant disclosed in accordance with Regulation .02D of this chapter would indicate an inability of the applicant to safely operate a program;
 - (3) Any loss or denial of accreditation status by an accreditation organization;
 - (4) Any outstanding debts or financial obligations of the organization; and
 - (5) Any criminal convictions of the applicant or any of the individuals listed under Regulation .02C(1)—(2) of this chapter, in accordance with §D of this regulation.
- C. The Secretary shall deny any application that meets one or more of the following criteria:
- (1) The applicant failed to disclose information in accordance with Regulation .02D of this chapter;
 - (2) The applicant intentionally falsified information provided in connection with any application to the Department;
 - (3) A continuing course of conduct of material non-compliance with applicable statutes and regulations; or
 - (4) A pattern of submission of false information to the State or its designees in order to:
 - (a) Obtain medical necessity authorizations for service; or
 - (b) Obtain payment.
- D. In making a determination about a license application from an applicant with a criminal record, the Secretary shall consider the following factors:
- (1) The age at which the crime was committed;
 - (2) The circumstances surrounding the crime;
 - (3) The length of time that has passed since the crime;
 - (4) Subsequent work history;
 - (5) Employment and character references; and
 - (6) Other evidence that demonstrates whether the applicant poses a threat to the health or safety of program participants.
- E. If the Secretary denies licensure, the Administration shall give written notice of the denial to the applicant.
- F. The notice of the denial of an application for a license shall include:
- (1) The reason for the denial of licensure;
 - (2) The effective date of the denial; and
 - (3) Notice that the program has a right to a hearing in accordance with COMAR 10.63.38.

.10 License Modification.

A. An organization shall submit a written request to the Administration, in the manner required by the Administration, before adding or closing a program site, or otherwise altering the services provided at a licensed program site.

- B. A written request for program modification shall, at minimum, include the following:*
- (1) An application for program modification in the manner required by the Administration;*
 - (2) Documentation indicating that the organization has notified the appropriate local authority of the proposed program modification;*
 - (3) Documentation indicating that the organization has notified any program participants of the proposed change in program site; and*
 - (4) If the program operates in accordance with an accreditation-based license, documentation indicating that the organization has notified the appropriate accreditation organization of the proposed program modification.*
- C. Prior to approval for any modification described in this regulation, an organization's program site may be inspected by the Administration or its designee.*
- D. Relocation.*
- (1) A license modification does not include the relocation of a licensed program to a new program site.*
 - (2) An organization seeking to relocate operations of a licensed program to a new program site shall:*
 - (a) Initiate a discontinuation of program operations in accordance with Regulation .08 of this chapter; and*
 - (b) Submit a new license application in accordance with Regulation .02 of this chapter.*
- E. If an organization adds or closes a program site, or otherwise alters the services provided at a licensed program site without prior approval from the Administration, the Secretary may suspend the organization's license in accordance with COMAR 10.63.38.05.*

.11 License Renewal.

- A. An organization seeking to continue operating a program beyond the program's current license period shall submit a new application in accordance with Regulation .02 of this chapter.*
- B. The application shall be received by the Administration or its designee at least 40 business days, but no more than 120 business days, before the expiration of the organization's current license.*
- C. Failure to Submit a Timely Application.*
- (1) If the organization does not submit a new application in a timely manner, as described in §B of this regulation, the Secretary may suspend the organization's license at the end of the current license period.*
 - (2) If an organization's license is suspended, the organization shall proceed with enacting an unplanned discontinuation of services as outlined in Regulation .08 of this chapter.*
- D. License Renewal for Organizations with Sanctions.*
- (1) For any organization that is subject to a plan of correction or sanctions under COMAR 10.63.38 the organization may request a temporary license extension to address any deficiencies at least 40 business days prior to the expiration of the organization's current license.*
 - (2) The Secretary may grant a temporary license extension, not to exceed 60 business days, to allow the program to perform any corrective actions to address deficiencies or sanctions.*
 - (3) An organization operating under a temporarily extended license may submit a new license application in accordance with §A of this regulation once they have addressed all deficiencies or sanctions.*
 - (4) The Secretary may deny a license for any organization that has:*
 - (a) Failed to address program deficiencies which present a risk to the health and safety of program participants; or*
 - (b) Failed to comply with a plan of correction, directed plan of correction, or sanction in accordance with COMAR 10.63.38.*
- E. The effective date and duration period for the license is established in accordance with Regulation .06 of this chapter.*
- F. An organization's previously issued license expires the day prior to the effective date of the newly issued license.*

.12 Variances.

- A. An organization shall request a variance from the Administration if:*
- (1) The organization is unable to meet the requirements of any regulation under this subtitle for any program it operates; and*
 - (2) The organization intends to request the Administration to temporarily exempt an organization from the requirements of any regulation under this subtitle.*
- B. An organization seeking a variance shall request the variance from the Administration within 40 business days unless the timeline for reporting the occurrence to the Administration as required by this subtitle is sooner.*
- C. The Administration may grant a variance to any organization operating a program providing community-based behavioral health services licensed in accordance with this chapter for any regulation under this subtitle.*
- D. The organization shall submit a written request for a variance in the manner determined by the Administration.*
- E. Granting Variances.*
- (1) The Administration shall review completed variance requests and determine if the intent of the regulation to which a variance is sought is met by the alternative proposed by the organization.*
 - (2) The Administration shall respond to all variance requests with a written notice within 60 days of a complete submission to the Administration that:*
 - (a) Provides the organization with the decision on the request for a variance, including the justification the Administration used to reach the decision;*

- (b) Provides the timeframe for which the variance is granted; and
- (c) Is shared with the applicable local authority.

F. A variance is applicable to a single licensed program site and is non-transferable.

G. Failure to comply with any conditions under which the variance is granted may result in revocation of the variance.

H. The Administration may not grant a variance:

- (1) That would endanger the health or safety of the individuals served;
- (2) For any accreditation standard; or
- (3) For any State, local, and federal laws and regulations other than those governed under this subtitle.

I. Variances are granted at the Administration's discretion and may not be appealed.

.13 Discontinuation of Program Operations.

A. Planned Discontinuation of Program Operations.

(1) An organization operating a program providing community-based behavioral health services shall notify the following no less than 60 business days prior to the intended discontinuation date:

- (a) The Administration;
- (b) The appropriate local authority; and
- (c) If applicable, the State Opioid Treatment Authority.

(2) The notice provided shall include the organization's written plan for:

- (a) Discontinuation of operations, including relevant dates;
- (b) Informing program participants or guardians of the planned discontinuation of services;
- (c) Informing program participants or guardians of other behavioral health service options;
- (d) Transitioning program participants to other behavioral health services;
- (e) Storing and protecting all records after the discontinuation of operations for a period of at least 7 years; and
- (f) Notifying employees, contractors, and consultants of its discontinuation of operations.

(3) Within 20 business days from receipt of the organization's notification of intention to discontinue program or licensed service operations, the Administration shall:

- (a) Notify the organization in writing whether the organization's written discontinuation plan is acceptable; and
- (b) Either:

(i) Approve final closure; or

(ii) If the organization's plan is unacceptable, meet with the organization and the appropriate local authority within 10 business days to make a plan that protects the health, safety, and welfare of program participants.

(4) Until the Administration approves final closure, the organization shall:

- (a) Provide services as appropriate;
- (b) Make best efforts to refer program participants to alternative services to ensure continuation of care; and
- (c) Document its efforts to refer program participants to alternative services.

(5) Upon approval by the Administration of the organization's discontinuation plan, the organization shall implement the discontinuation plan.

(6) At all times during the discontinuation process, the organization shall cooperate with the Administration and the appropriate local authority.

B. Discontinuation of Program Operations –Without Plan Approval.

(1) If the Administration does not approve an organization's discontinuation plan within 10 business days following the meeting conducted under in accordance with §A of this regulation, the organization may discontinue the program.

(2) Within 7 business days of the final date of operation the organization shall submit a final closure report notifying the Administration of the following:

- (a) Date on which operations ceased;
- (b) Number of participants referred to other providers to include internal referral to other program sites;
- (c) Name and contact information of custodian of records; and
- (d) Name and contact information of the individual responsible for inquiries regarding organization.

(3) The Administration may impose a civil monetary penalty in accordance with COMAR 10.63.38 if the program discontinuation:

- (i) Is conducted in a manner that is inconsistent with healthcare industry standards;
- (ii) Causes serious physical or emotional harm to any program participant or staff; or
- (iii) Otherwise meets the requirement for a civil money penalty under COMAR 10.63.38

(4) In determining whether a civil monetary penalty should be imposed, the Administration shall consider the organization's good faith efforts to work with the Administration and applicable local authority to come to an agreement on the program's discontinuation plan.

C. Unplanned Discontinuation of Program Operations.

(1) An organization licensed in accordance with this subtitle that experiences an unexpected discontinuation or interruption of services for more than 1 day at any licensed program site, whether temporary or permanent, shall immediately, but no longer than 24 hours, inform:

- (a) Program participants or their guardians via:
 - (i) Direct communication; and

- (ii) Visible signage at the licensed program site;
 - (b) The Administration;
 - (c) The appropriate local authority; and
 - (d) If applicable, the State Opioid Treatment Authority.
- (2) The organization, if requested by the Administration or the local authority, shall provide a proposed written emergency plan that includes:
- (a) A census of program participants affected by the discontinuation of services;
 - (b) Types of services affected;
 - (c) Expected or estimated duration of closure;
 - (d) How services will be provided in the interim, including any staffing changes;
 - (e) If applicable, the location where interim services will be provided;
 - (f) If applicable, a plan to transition program participants to an alternative program or make other arrangements to ensure continuity of services for the individuals;
 - (g) A plan for storing and protecting all records, ensuring program participant and auditor access upon request; and
 - (h) A plan for notification of employees, contractors, consultants, and consumers.
- (3) In the event of an unplanned discontinuation of program operations, the Administration or its designee may contact program participants to discuss the discontinuation of services and ensure the continuity of care.
- (4) Within 7 business days after receipt of the organization's notification of discontinuation of program operations, the Administration shall:
- (a) Notify the organization in writing whether the organization's written discontinuation plan is acceptable; and
 - (b) Either:
 - (i) Approve final discontinuation; or
 - (ii) If the organization's plan is unacceptable, meet with the organization and the appropriate local authority, to make a plan that protects the health, safety, and welfare of program participants.
- (5) The organization may not discontinue program operations until the Administration approves the discontinuation plan.
- (6) At all times during the discontinuation process, the organization shall cooperate with the Administration and the appropriate local authority.

D. Non-Compliance with Discontinuation Requirements.

- (1) In the event of a planned discontinuation of services, if an organization fails to comply with §A of this regulation, the Secretary may deny any future application for a license submitted by the organization, its corporate officers, or required staff of the organization.
- (2) In the event of an unplanned discontinuation of services, if an organization fails to comply with §C of this regulation, the Secretary may deny any future application for a license submitted by the organization, its corporate officers, or required staff of the organization.

10.63.08 DUI Education Program

Authority: Transportation Article, §16-212, 16-212.1, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (3) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.
- (4) "Court" means the Supreme Court of Maryland, Appellate Court of Maryland, circuit court, and District Court of Maryland, or any of them, unless the context clearly requires a contrary meaning. It does not include an orphans' court, or the Maryland Tax Court.
- (5) "Department" means the Maryland Department of Health.
- (6) "Drug" means:
 - (a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;
 - (b) A prescription medication; or
 - (c) A chemical substance when used for unintended and harmful purposes.
- (7) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (8) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (9) "Participant" means an individual receiving behavioral health services in a community-based program.
- (10) "Program" means a named set of services operated by an organization inclusive of:

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(11) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

(13) "Telehealth" Health-General Article, §15–141.2, Annotated Code of Maryland

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

.02 DUI Education Program Description.

A. An organization licensed under this subtitle to provide DUI education program services shall be designed to provide DUI education to program participants:

(1) Convicted under Transportation Article, §21-902, Annotated Code of Maryland; and

(2) Ordered by the court to attend an education program in accordance with Criminal Procedure Article, §6-219,

Annotated Code of Maryland.

B. Program participants are required to successfully complete, at minimum, six weekly, 2-hour sessions for a total of 12 hours.

.03 DUI Education Program Staff Requirements.

An organization licensed under this subtitle to provide DUI education program services shall employ at minimum, a certified supervised counselor who shall:

A. Be certified as a Certified Supervised Counselor—Alcohol and Drug, in accordance with Health Occupations Article, §17-404, Annotated Code of Maryland;

B. Meet the general staffing requirements in accordance with COMAR 10.63.03;

C. Meet the substance related clinical supervisor requirements in accordance with COMAR 10.63.04;

D. Provide a comprehensive assessment in accordance with Regulation .04B of this chapter to program participants; and

E. Teach the DUI curriculum approved by the Administration and the Motor Vehicle Administration.

.04 DUI Education Program Services.

A. An organization licensed under this subtitle to provide DUI education program services shall provide, at minimum, the following services:

(1) A comprehensive assessment in accordance with §B of this regulation;

(2) Referral services in accordance with §C of this regulation;

(3) Telehealth services in accordance with §D of this regulation; and

(4) Reporting in accordance with §E of this regulation.

B. Comprehensive Assessment.

(1) A DUI education program shall provide a comprehensive assessment to the program participant that, in addition to the items required by COMAR 10.63.04(E) shall cover:

(a) The scope of drinking-driver problem;

(b) Drinking driver patterns and characteristics;

(c) The pharmacology of substance use;

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

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

(f) Treatment resources.

(2) A comprehensive assessment is not required for a program participant if the program participant has received an assessment by a licensed or certified clinician, or licensed program within the preceding 45 days, of a program participant's current status, and the assessment includes relevant history in the following areas:

(a) Alcohol, tobacco, and other drug use;

(b) Employment or financial support;

(c) Gambling behavior;

(d) Alcohol, tobacco, and other drug use and gambling treatment history;

(e) Mental health;

(f) Legal involvement;

(g) Family and social systems;

(h) Educational involvement; and

(i) Somatic health, including a review of medications.

C. Referral Services. A DUI education program shall refer program participants to a treatment program or indicated services based on the comprehensive assessment conducted under §B of this regulation.

D. Telehealth Services. A DUI education program may provide DUI education program telehealth services if the DUI program:

- (1) Meets the requirements of:
 - (a) COMAR 10.63.01—.04;
 - (b) COMAR 10.63.06; and
 - (c) A DUI education program as outlined in this chapter; and
- (2) Is licensed by the Administration to provide online DUI education services.

E. Reporting Services. A DUI education program shall report to the court or the program participant's probation agent as specified by the court order.

.05 DUI Education Program Licensure Process.

To be licensed as a DUI education program under this subtitle, an organization operating a DUI education program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 DUI Education Program Site and Documentation Requirements.

A. Site Requirements.

- (1) An organization licensed as a DUI education program under this subtitle shall:
 - (a) Meet the site requirements in accordance with COMAR 10.63.05;
 - (b) Have a mechanism to verify program participant participation and to monitor program participant progress; and
 - (c) Have an office located in the State that is staffed on site during the program's stated business hours.

B. Documentation Requirements. An organization licensed as a DUI education program shall meet documentation requirements in accordance with COMAR 10.63.04.

10.63.09 Early Intervention Level 0.5 Program

Authority: Health-General Article, §§2-104(b), 8-401 — 8-405 and 19-308, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined

- (1) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (2) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.
- (3) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.
- (4) "Department" means the Maryland Department of Health.
- (5) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (6) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (7) "Licensed mental health professional" means:
 - (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (8) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (9) "Participant" means an individual receiving behavioral health services in a community-based program.
- (10) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (11) "Program" means a named set of services operated by an organization inclusive of:
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (12) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (13) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (14) "Site" means the location where the organization operates the program as detailed on the program's license.
- (15) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.

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

.02 Level 0.5 Program Description.

An organization licensed under this subtitle to provide a Level 0.5 program shall treat program participants who:

- A. Are known to be at risk of developing a substance use disorder;
- B. Do not yet meet the criteria for a substance use disorder diagnosis; and
- C. Meet Level 0.5 of the ASAM Criteria Levels of Care.

.03 Level 0.5 Program Staffing Requirements.

A. An organization licensed under this subtitle to provide Level 0.5 program services shall employ, at minimum, the staff in §§B—E of this regulation.

B. Program Director. The program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. The clinical director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in §D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

- (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
- (b) The substance related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.09.

E. Clinical Staff. Clinical staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The substance related disorder clinical staff requirements in accordance with COMAR 10.63.03.14; and
- (3) The staffing limitations in accordance with COMAR 10.63.03.

.04 Level 0.5 Program Services.

A. Program Services. Level 0.5 program services shall include:

- (1) Consent for services in accordance with COMAR 10.63.04.04;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.05;
- (3) Brief intervention to increase the program participant's awareness of substance use behaviors;
- (4) Psychoeducation about the risk of continued substance use; and
- (5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment in accordance with §§B and C of this regulation.

B. Referral Services.

(1) Level 0.5 program referral services shall include coordination and referral to any treatment programs or resources identified by the comprehensive assessment.

(2) If the program participant's comprehensive assessment does not identify any treatment programs or resources for referral, the Level 0.5 program shall provide, at minimum, the services listed in §A(1)—(4) of this regulation.

C. Referral Documentation. For any referrals made by the Level 0.5 program, program staff shall document the:

- (1) Program participant's identifying information;
- (2) Date of referral;
- (3) Referring program name;
- (4) Receiving program or provider name;
- (5) Reason for referral; and
- (6) Final disposition of referral.

.05 Level 0.5 Program Licensure Process.

To be licensed as a Level 0.5 program under this subtitle, an organization operating a Level .05 program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Level 0.5 Site and Documentation Requirements.

An organization licensed as a Level 0.5 program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.10 Substance Related Disorder Assessment and Referral Program

.01 Definitions.

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

B. Terms Defined.

- (1) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (2) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (3) "Department" means the Maryland Department of Health.
- (4) "Drug" means:
 - (a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;
 - (b) A prescription medication; or
 - (c) A chemical substance when used for unintended and harmful purposes.
- (5) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (6) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (7) "Participant" means an individual receiving behavioral health services in a community-based program.
- (8) "Program" means a named set of services operated by an organization inclusive of:
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (9) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (10) "Site" means the location where the organization operates the program as detailed on the program's license.
- (11) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.

.02 Substance Related Disorder Assessment and Referral Program Description.

A. An organization licensed under this subtitle to provide Substance Related Disorder Assessment and Referral Program services shall be designed to provide substance related disorder assessment and referral program services to program participants to determine the type and intensity of services needed by the participant for behavioral health disorders.

B. An organization licensed under this subtitle to provide Substance Related Disorder Assessment and Referral program services shall be operated by a State or local government entity.

.03 Substance Related Disorder Assessment and Referral Program Staffing Requirements.

An organization licensed under this subtitle to provide Substance Related Disorder Assessment and Referral Program services shall:

A. Meet the general staffing requirements in accordance with COMAR 10.63.03; and

B. Employ clinical staff authorized under the Health Occupations Article, Annotated Code of Maryland to provide the service.

.04 Substance Related Disorder Assessment and Referral Program Services.

A. Comprehensive Assessment.

(1) A Substance Related Disorder Assessment and Referral program shall provide a comprehensive assessment of the program participant's current status and relevant history related to the following:

- (a) Alcohol, tobacco, and other drug use;
- (b) Employment or financial support;
- (c) Gambling behavior;
- (d) Alcohol, tobacco, other drug and gambling treatment history;
- (e) Mental health;
- (f) Legal involvement;
- (g) Family and social systems;
- (h) Educational involvement; and
- (i) Somatic health, including a review of medication.

(2) The Substance Related Disorder Assessment and Referral program shall use the comprehensive assessment in §A(1) of this regulation to determine the type and intensity of services needed for the program participant's behavioral health disorders.

B. Referral Services. A Substance Related Disorder Assessment and Referral program shall:

- (1) Refer the program participant to behavioral health services programs and other services as determined by the comprehensive assessment in §A(1) of this regulation; and*
- (2) Provide appropriate follow-up to the program participant.*

.05 Substance Related Disorder Assessment and Referral Program Licensure Process.

To be licensed as a Substance Related Disorder Assessment and Referral Program under this subtitle, an organization operating a Substance Related Disorder Assessment and Referral Program shall:

- (1) Meet the licensing requirements in accordance with COMAR 10.63.06; and*
- (2) Be operated by a State or local government entity.*

.06 Substance Related Disorder Assessment and Referral Program Site and Documentation Requirements.

An organization licensed as a Substance Related Disorder Assessment and Referral Program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and*
- B. Documentation requirements in accordance with COMAR 10.63.04.*

10.63.11 Behavioral Health Crisis Stabilization Center (BHCSC) Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

(4) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

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

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

(9) Dietary Services.

(a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.

(b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.

(10) "Emergency evaluate" has the meaning stated in Health-General Article §10-620, Annotated Code of Maryland.

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

(12) Independent Practice Level.

(a) "Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.

(b) "Independent practice level" does not include:

- (i) Licensed graduate professional counselor;*
- (ii) Licensed graduate marriage and family therapist;*
- (iii) Licensed graduate art therapist;*
- (iv) Licensed graduate alcohol and drug counselor;*
- (v) Licensed master social worker;*
- (vi) Licensed certified social worker;*
- (vii) Registered psychology associate; or*
- (viii) Certified addiction counselors at any level.*

(13) "Intellectual disability" has the meaning stated in Health-General Article, §7-101, Annotated Code of Maryland.

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

(15) "Licensed mental health professional" means:

- (a) A psychiatrist; or*

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

(16) Local Authority.

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

(b) "Local authority" includes the:

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

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

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

Maryland.

(17) "Medical director" means an individual licensed in accordance with Health Occupations Title, Annotated Code of Maryland who oversees the operation of a community-based behavioral health program.

(18) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.

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

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

(21) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(23) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

(24) "Psychiatrist" means a physician who:

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

(b) Is either:

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

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

(25) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

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

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

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

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

(31) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

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

(b) Managing withdrawal symptoms; and

(c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 BHCSC Program Description.

An organization licensed under this subtitle as a BHCSC program shall:

A. Serve as a critical access point for individuals experiencing a mental health, substance-related, or combined crisis;

B. Offer an organized system of activities to provide an alternative to emergency departments for behavioral health crisis care, emergency petition assessment, and avoidable inpatient or carceral engagement; and

C. Cooperate and fulfill Administration requests related to participating in the State's care traffic control bed registry and referral system and shall fully participate in the system once operational.

.03 BHCSC Staffing Requirements.

A. Staffing Requirements. An organization licensed under this subtitle to provide BHCSC program services shall meet the staffing requirements of §§B and C of this regulation and Regulation .04 of this chapter.

B. BHCSC Program Director. The BHCSC program director shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the program director requirements in accordance with COMAR 10.63.03.07;
- (3) Be a licensed mental health professional operating at the independent practice level;
- (4) Be responsible for the management and operation of the BHCSC; and
- (5) Have a job description that, at minimum:
 - (a) Describes the required qualifications;
 - (b) Describes the BHCSC's duties; and
 - (c) Ensures that the other job responsibilities of the BHCSC program director may not impede the operation and administration of the BHCSC.

C. **BHCSC Nursing Manager.** The BHCSC nursing manager shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Have an active licensure as a Registered Nurse in the State in accordance with Health Occupations Article, Title 8, Subtitle 3, Annotated Code of Maryland; and
- (3) Provide supervision and management of the BHCSC program's nursing staff, as applicable.

D. **Qualified Prescribers.**

- (1) The BHCSC qualified prescribers shall:
 - (a) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (b) Meet one of the conditions of §D(2) of this regulation; and
 - (c) Provide general medical services and prescribe medication and treatment, as applicable.
- (2) Be licensed in the State as either a:
 - (a) Psychiatrist;
 - (b) Certified Registered Nurse Practitioner in accordance with Health Occupations Article, §8-302.1, Annotated Code of Maryland with a specialization in the practice of Psychiatric Mental Health (CRNP-PMH); or
 - (c) Be approved by the Administration if the qualified prescriber is not a psychiatrist or a CRNP-PMH.

.04 BHCSC Program Staff Training Requirements.

A. **Annual Staff Training:** An organization licensed under this subtitle to provide BHCSC program services shall:

- (1) Develop and implement an annual staff training plan that, at minimum, defines staff competencies within their scope of practice; and
- (2) Ensure all staff receive any training required by the Administration and any other training required by the organization's accreditation organization.

B. **BHCSC Staffing Plan.** An organization licensed under this subtitle to provide BHCSC program services shall:

- (1) Develop and maintain a written staffing plan designed to ensure sufficient coverage, discipline mix, service quality, and safety and which shall:
 - (a) Outline the qualifications and duties of each staff position; and
 - (b) Be approved by the Department at the time of licensure;
- (2) Continuously employ an adequate number of staff personnel and ensure an appropriate staff composition on site to:
 - (a) Provide BHCSC program services; and
 - (b) Ensure the continuous supervision and monitoring of program participants receiving crisis stabilization services;
- (3) Ensure a physician shall be on call at all times for the provision of those BHCSC services that may only be provided by a physician;
- (4) Ensure that there is a minimum of one registered nurse on site at all times;
- (5) Ensure there is additional staff, including licensed mental health professionals, on-site at all times to provide active crisis intervention;
- (6) Ensure BHCSC services are provided by personnel within their scope of practice and with expertise appropriate to the service recipient's needs; and
- (7) Ensure that at least one qualified prescriber:
 - (a) Available 24 hours a day, 7 days a week;
 - (b) Who makes daily rounds; and
 - (c) Who conducts an in-person reassessment of any patient who is an emergency evaluatee, and remains at the BHCSC for more than 24 hours; and
 - (d) If utilizing a qualified prescriber that is not a psychiatrist or certified nurse practitioner, psychiatric mental health, the qualified prescriber is approved by the Department.

C. **Vacancy Reporting.**

- (1) Requirements for reporting of vacancies under COMAR 10.63.03.04 for a BHCSC, includes the program's:
 - (a) Program director;
 - (b) Medical director;
 - (c) Nurse manager; and
 - (d) Licensed mental health professionals if the vacancy leads to an inability to meet the staffing requirements of the regulation.
- (2) Vacancy reporting under COMAR 10.63.03.04 shall also include any changes in the BHCSC's staffing composition, or an addition or reduction in staffing numbers that varies from the program's approved staffing plan by greater than 10 percent.

.05 BHCSC Program Admission.

Patient Triage Services. A BHCSC program shall:

- A. Deliver triage services in a manner that aligns with best practices;
- B. Conduct screening for the presence of any condition of sufficient severity to require transfer to an appropriate facility for immediate medical or surgical care, including laboratory studies; and
- C. Make reasonable efforts to minimize the time on-site at the BHCSC for law enforcement or other first responders.

.06 BHCSC Involuntary Admissions.

A BHCSC program shall accept involuntary admissions in accordance with Health-General Article, §§10-613—10-621, Annotated Code of Maryland.

.07 Seclusion and Restraint.

- A. A BHCSC program under this subtitle shall have the capacity for both seclusion and restraint.
- B. For purposes of this regulation:
 - (1) Seclusion has the meaning set forth in 42 CFR §482.13(e)(1)(ii); and
 - (2) Restraint has the meaning set forth in 42 CFR §482.13(e)(1)(i).
- C. A BHCSC program shall be compliant with State and federal seclusion and restraint regulations and laws, including:
 - (1) 42 CFR §482.13;
 - (2) Health-General Article, §10-701, Annotated Code of Maryland;
 - (3) COMAR 10.21.12;
 - (4) COMAR 10.21.13; and
 - (5) Any successor laws or regulations.
- D. The Administration may require the BHCSC program to add additional seclusion or quiet rooms, based on the intended capacity of the BHCSC Program.

.08 BHCSC Program Services.

A BHCSC program shall:

- A. Provide the services in this regulation 24 hours a day, 7 days a week, 365 days a year;
- B. Provide crisis response services in accordance with Health-General Article, §§10-1401—1405, Annotated Code of Maryland;
- C. Screen, assess, stabilize, and refer patients, through the utilization of evidence-based tools;
- D. Provide acute mental health and substance-related disorder crisis intervention and stabilization services for children, adolescents, and adults whose behaviors are consistent with experiencing a mental health crisis, a substance-related disorder crisis, or both;
- E. Assessment, counseling, de-escalation, and safety planning;
- F. Initiation, maintenance, and prescription of psychotropic and somatic medications as appropriate, including:
 - (1) As needed intramuscular medication;
 - (2) Long-acting injectable antipsychotic medication;
 - (3) Medications used for withdrawal management; and
 - (4) Medications for opioid use disorder; and
- G. Withdrawal management services in accordance with COMAR 10.63.36.

.09 BHCSC Licensure Process.

To be licensed to operate a BHCSC program an organization:

- A. Shall meet the licensing requirements in accordance with COMAR 10.63.06;
- B. Shall maintain compliance with the model program structure and facility standards designed by the Department, as required by Health-General Article, §10-621, Annotated Code of Maryland;
- C. Shall be pre-approved by the Department or its designee to receive PBHS funding before participating in the PBHS;
- D. Shall be pre-approved by the Department and local authority to operate BHCSC services in the PBHS to ensure services meet local community needs for behavioral health crisis services; and
- E. May not be located within the Health Services Cost Review Commission regulated space of a hospital.

.10 BHCSC Quality Assurance Standards.

An organization licensed as a BHCSC program under this subtitle shall:

- A. Begin assessment and active treatment immediately upon an individual's admission.
- B. Ensure that within 60 minutes or less of the individual's arrival, a Registered Nurse initiates an in-person nursing assessment and physical exam in collaboration with the approved physician or psychiatric nurse practitioner, and develops and implements an initial treatment plan for services in the BHCSC;
- C. Ensure a BHCSC licensed mental health professional provides a formal crisis assessment at the earliest opportunity which shall be reviewed by the physician or psychiatric nurse practitioner and shared with the treatment team;
- D. Ensure for individuals in the BHCSC under an emergency petition with stays beyond 24 hours, that licensed mental health professional staff perform, at minimum, daily in-person reassessments;

E. Ensure an initial evaluation by an approved physician or psychiatric nurse practitioner is completed at the earliest reasonable opportunity, which may not be later than 4 hours after admission, through video-telehealth or in-person, and include the following:

- (1) A medical evaluation;
- (2) Assessment of suicide, homicide, violence, and other risk factors; and
- (3) Review and authorization of the BHCSC initial crisis intervention care plans;

F. Have every discharge plan for individuals receiving services in the BHCSC signed off on by an approved physician or psychiatric nurse practitioner;

G. Maintain relationships with existing community-based behavioral health providers who may receive referrals from the BHCSC, which shall include written referral agreements with the following:

- (1) Outpatient community-based behavioral health providers;
- (2) Hospital psychiatric units;
- (3) Residential crisis programs licensed in accordance with COMAR 10.63.26 and COMAR 10.63.28;
- (4) Respite programs licensed in accordance with COMAR 10.63.22;
- (5) Residential substance use treatment programs licensed in accordance with COMAR 10.63.29-.32;
- (6) Providers of medications for opioid use disorders; and
- (7) Opioid treatment programs licensed in accordance with COMAR 10.63.35;

H. Make documented attempts to contact and follow up with all individuals discharged to a community setting and, for individuals who received outpatient services and who initially presented or were later evaluated as a danger to self or others, follow up within 72 hours after discharge from the BHCSC;

I. Have protocols, which may include referral agreements with other programs, that provide for admission and treatment of individuals with:

- (1) Limited English proficiency;
- (2) Hearing and speaking disabilities; and
- (3) Physical, developmental, and intellectual disabilities;

J. Develop and maintain written triage policies and procedures approved by the Administration, including ability to accept and provide services to individuals under an emergency petition and individuals referred by 9-8-8 and other local crisis hotlines;

K. Notify the Administration and local authority, in a form and manner determined by the Administration, of the following:

- (1) Initiation of diversion status for the BHCSC program; and
- (2) Diversion of any individual on an emergency petition;

L. Maintain a referral log that includes documentation and rationale for individuals not accepted for admission or transfer to the BHCSC, and make this available to the Administration upon request;

M. Develop, implement, and maintain written policies and procedures in place to ensure the safety of all individuals, regardless of age; and

N. Provide data to support quality assurance and improvement initiatives to the State in the format and frequency requested by the Administration.

.11 BHCSC Documentation and Site Requirements

A. An organization licensed as a BHCSC program under this subtitle shall meet the documentation requirements in §§B—G of this regulation.

B. A BHCSC program shall meet documentation requirements in accordance with COMAR 10.63.04.

C. A BHCSC program shall meet site requirements in accordance with COMAR 10.63.05;

D. BHCSC Environmental Requirements.

(1) The BHCSC shall:

- (a) Provide a comfortable, furnished, admission pre-triage waiting area for individuals who voluntarily present;
- (b) Provide a locked and secure dedicated drop-off admission space, designed to accommodate those individuals who have been emergency petitioned;
- (c) Provide a comfortable, furnished, waiting area for individuals accompanying participants in the BHCSC program;
- (d) Allow for continual visual observation and monitoring of individuals being served;
- (e) Ensure a safe environment of care for individuals younger than 18 years old by having a separation from adults, with appropriate staff maintaining an adequate level of supervision;
- (f) Ensure that the 23-hour crisis BHCSC shall have at least one locked door seclusion room, which shall:
 - (i) Be a minimum of 80 square feet;
 - (ii) Allow for continual visual observation and monitoring that allows for immediate emergency response; and
 - (iii) Use a locking mechanism consistent with National Fire Protection Association (NFPA) standards for the facility;

and

(g) Ensure that there is at least one quiet room that is separate from the seclusion room and remains unlocked whenever in use.

(2) Annual Environmental Safety Review. The BHCSC program shall conduct and document an annual environmental safety review and take actions to replace items that create an unnecessary risk of self-harm with safer items designed for behavioral health settings, including, but not limited to:

- (a) Anchor points;

- (b) Door handles;
 - (c) Curtains;
 - (d) Hooks; and
 - (e) Shower rods and curtains.
- (3) The BHCSC program shall comply with applicable federal, State, and local sanitation, building, fire codes, and zoning requirements.
- (4) The BHCSC program shall maintain documentation of legally and accreditation required periodic evacuation drills.
- (5) The BHCSC program shall have:
- (a) Bathrooms;
 - (b) Telephones;
 - (c) An automated external defibrillator; and
 - (d) Confidential office space for treatment.
- E. BHCSC Dietary Services. BHCSC program dietary services shall:
- (1) Meet the dietary services requirements in accordance with COMAR 10.63.05.
 - (2) Have at least three meals plus an evening snack provided daily with no more than 14 hours between any two meals;
 - (3) Ensure dietary services comply with applicable local, State, and federal laws;
 - (4) Have a written plan describing the organization and delivery of dietary services; and
 - (5) Have a dietitian licensed under Health Occupations Article, §5-101, Annotated Code of Maryland, who shall develop and implement the dietary service plan.
- F. BHCSC Infection Control — Universal Precautions. A BHCSC program shall observe universal precautions as required under COMAR 10.51.12 as applicable to health care facilities.
- G. BHCSC Site Inspection. At minimum, an annual site inspection of each BHCSC shall be conducted by the assigned local authority.

10.63.12 Integrated Behavioral Health Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Integrated Behavioral Health Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.
- (1) "Accreditation organization" means a private entity that conducts inspections and surveys of health care facilities or health care staff agencies based on nationally recognized and developed standards that is approved by the Secretary in accordance with Health General Article, §19-2302, Annotated Code of Maryland.
 - (2) "Accreditation" means the approval granted to a program by an accreditation organization.
 - (3) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
 - (4) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
 - (5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
 - (6) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.
 - (7) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
 - (8) "Corrective Action" means specific actions undertaken by an organization to address a violation of any local, state, or federal law or regulation.
 - (9) "Criminal Justice Information System" has the meaning stated in Criminal Procedure Article, §10-201, Annotated Code of Maryland.
 - (10) "Deficiency" means a failure to meet a licensure, or certification standard, a material accreditation standard, or a relevant federal, State, or local ordinance, law, regulation, or building code, as applicable.
 - (11) "Department" means the Maryland Department of Health.
 - (12) "Integrated behavioral health program" means to provide comprehensive care for individuals who may have a mental health diagnosis, a substance-related disorder, or often, both at the same time.
 - (13) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
 - (14) "Opioid treatment services program" means a program that:
 - (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;

- (ii) COMAR 10.63.12; and
- (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
- (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (15) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (16) "Participant" means an individual receiving behavioral health services in a community-based program.
- (17) "Program" means a named set of services operated by an organization inclusive of:
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (18) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (19) "Psychiatrist" means a physician who:
 - (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (20) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (21) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (22) "Secretary" means the Secretary of the Maryland Department of Health or their designee.
- (23) "Site" means the location where the organization operates the program as detailed on the program's license.
- (24) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (25) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (26) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
 - (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 Integrated Behavioral Health Program Description.

An organization licensed under this subtitle to operate an integrated behavioral health program shall:

- A. Meet all requirements for an:
 - (1) Outpatient mental health center, in accordance with COMAR 10.63.16; and
 - (2) Outpatient Level 1.0 substance-related disorder treatment program, in accordance with COMAR 10.63.17; and
- B. Have the capacity to provide:
 - (1) Mental health evaluation and treatment services to program participants with mental health diagnoses;
 - (2) Substance-related disorder evaluation and treatment services to program participants with a substance-related disorder; and
 - (3) Integrated mental health and substance-related disorder evaluation and treatment services to program participants with both a substance use disorder and a mental health diagnosis.

.03 Integrated Behavioral Health Program Staffing Requirements.

An organization licensed as an integrated behavioral health program shall meet the staffing requirements in accordance with:

- A. COMAR 10.63.03;
- B. COMAR 10.63.16.03; and
- C. COMAR 10.63.17.03.

.04 Integrated Behavioral Health Program Services.

A. Program Services. Integrated behavioral health program services include:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) An individual care plan in accordance with COMAR 10.63.04.03H;
- (4) Therapy services in accordance with COMAR 10.63.01;

- (5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;
- (6) Case management services in accordance with COMAR 10.63.01; and
- (7) Medication services in accordance with §C of this regulation.

B. Referral Services. Integrated behavioral health program referral services include:

(1) Coordinated access, as appropriate, to emergency services, including behavioral health crisis stabilization centers, mobile crisis services, residential crisis services, hospitals, and other service providers that are designated to provide crisis and emergency care and treatment; and

(2) Any referrals to treatment programs or resources as identified through the program participant's comprehensive assessment.

C. Medication Services.

(1) An integrated behavioral health program shall provide medication services by a physician, psychiatrist, or certified nurse practitioner, psychiatric mental health.

(2) Medication services provided by an integrated behavioral health program shall include:

- (a) Prescription;
- (b) Administration;
- (c) Monitoring; and
- (d) Education.

C. An integrated behavioral health program may provide the following services when the program's license specifically authorizes the services:

- (1) Withdrawal management service in accordance with COMAR 10.63.36; and
- (2) Opioid treatment service in accordance with COMAR 10.63.35.

.05 Integrated Behavioral Health Program Licensure Process.

To be licensed as an integrated behavioral health program under this subtitle, an organization operating an integrated behavioral health program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Integrated Behavioral Health Program Compliance and Reporting Requirements.

An organization licensed as an integrated behavioral health program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.13 Intensive Outpatient Treatment Level 2.1 – Substance-Related Disorder Treatment Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 IOP-Level 2.1 Definitions.

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

B. Terms Defined.

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

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

(5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.

(6) "Certified recovery residence" means a recovery residence that holds a certificate of compliance.

(7) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.

(8) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

(11) "Drug" means:

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

(b) A prescription medication; or

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

- (12) "Hospital" has the meaning stated in Health-General Article §19–301, Annotated Code of Maryland.
- (13) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (14) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (15) "Medically necessary" means a service or benefit that is:
- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
 - (b) Consistent with current accepted standards of good medical practice;
 - (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
 - (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (16) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (17) "Opioid treatment services program" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and
 - (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
 - (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (18) "Participant" means an individual receiving behavioral health services in a community-based program.
- (19) "Peer support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (20) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (21) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (22) "Recovery residence" means a service that:
- (a) Provides alcohol-free and illicit-drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental disorders and substance-related disorders or addictive disorders; and
 - (b) Does not include clinical treatment services.
- (23) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (24) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (25) "Site" means the location where the organization operates the program as detailed on the program's license.
- (26) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (27) "Telehealth" Health-General Article, §15–141.2, Annotated Code of Maryland
- (28) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (29) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 IOP-Level 2.1 Program Description.

A. An organization licensed under this subtitle to provide an intensive outpatient treatment program (IOP) Level 2.1 shall provide structured, medically necessary, and appropriate outpatient substance-related disorder treatment based on a comprehensive assessment for program participants.

B. An IOP Level 2.1 shall ensure that program participants meet the ASAM Criteria Levels of Care for IOP Level 2.1.

- C. An IOP Level 2.1 shall provide structured treatment services to program participants who require treatment:
- (1) From 9 to 20 hours weekly for adult intensive outpatient services; and
 - (2) From 6 to 20 hours weekly for adolescent intensive outpatient services, based on the adolescents' developmental and clinical needs.

.03 IOP- Level 2.1 Staffing Requirements.

A. An organization licensed under this subtitle to provide IOP Level 2.1 services shall employ, at minimum, the staff in §§B—D of this regulation.

B. Program Director. The program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. The clinical director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in §D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

- (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
- (b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

D. Clinical Staff. Clinical staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The substance-related disorder clinical staff requirements in accordance with COMAR 10.63.03.14; and
- (3) The staffing limitations in accordance with §E of this regulation.

E. Staffing Limitations. A IOP Level 2.1 shall ensure that:

- (1) The IOP Level 2.1 shall employ, at minimum, one clinical supervisor for every 15 licensed or certified alcohol and drug counselors and alcohol and drug trainees; and
- (2) The ratio of program participants to alcohol and drug counselors may not exceed:
 - (a) Twenty program participants to one full-time alcohol and drug counselor; or
 - (b) Ten program participants to one alcohol and drug trainee.

.04 IOP-Level 2.1 Program Services.

A. Program Services. IOP-Level 2.1 program services include:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) An individual care plan in accordance with COMAR 10.63.04.03H;
- (4) Therapy services in accordance with COMAR 10.63.01;
- (5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment; and
- (6) Case management services in accordance with COMAR 10.63.01.

B. Referral Services. IOP Level 2.1 referral services include:

- (1) Coordinated access, as appropriate, to emergency services, including behavioral health crisis stabilization centers, mobile crisis services, residential crisis services, hospitals, and other service providers that are designated to provide crisis and emergency care and treatment;
- (2) Relationships with medical and mental health practitioners that allow for referral of program participants for telehealth consultation within 3 business days in accordance with §C of this regulation;
- (3) Services through the Division of Rehabilitation Services;
- (4) Vocational assistance;
- (5) Legal assistance programs;
- (6) Entitlements assistance programs; and
- (7) Peer support services.

C. Referral Agreements and Program Cooperation.

- (1) An IOP Level 2.1 shall have referral agreements with other community-based behavioral health programs for program participants with disabilities whom the program may be unable to accommodate.
- (2) An IOP Level 2.1 may coordinate program participant care with other community service providers to ensure that the widest range of appropriate services are available to program participants.
- (3) An IOP Level 2.1 may establish referral agreements with organizations including but not limited to:
 - (a) Other licensed community-based behavioral health organizations;
 - (b) Certified recovery residences;
 - (c) Human service agencies; or
 - (d) Other health care organizations.

(4) If the IOP Level 2.1 has any referral agreements, the program, upon request, shall make the referral agreements available to the Administration or its designee for review.

D. An IOP Level 2.1 may provide the following services when the program's license specifically authorizes the service:

- (1) Withdrawal management service in accordance with COMAR 10.63.36; and
- (2) Opioid treatment service in accordance with COMAR 10.63.35.

.05 IOP-Level 2.1 Licensure Process.

To be licensed as an IOP Level 2.1 under this subtitle, an organization operating an IOP Level 2.1 shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 IOP-Level 2.1 Site and Documentation Requirements.

An organization licensed as an IOP Level 2.1 under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.14 Mobile Crisis Team Programs

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

- (1) "Accreditation" means the approval granted to a program by an accreditation organization.
- (2) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (4) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
- (6) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (7) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (8) "Department" means the Maryland Department of Health.
- (9) Independent Practice Level.
 - (a) "Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.
 - (b) "Independent practice level" does not include:
 - (i) Licensed graduate professional counselor;
 - (ii) Licensed graduate marriage and family therapist;
 - (iii) Licensed graduate art therapist;
 - (iv) Licensed graduate alcohol and drug counselor;
 - (v) Licensed master social worker;
 - (vi) Licensed certified social worker;
 - (vii) Registered psychology associate; or
 - (viii) Certified addiction counselors at any level.
- (10) "Licensed mental health professional" means:
 - (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (11) Local Authority.
 - (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
 - (b) "Local authority" includes the:
 - (i) Core service agency as defined in Health General Article, §7.5-101(g), Annotated Code of Maryland;
 - (ii) Local addictions authority as defined in Health General Article, §7.5-101(j), Annotated Code of Maryland; and
 - (iii) Local behavioral health authority as defined in Health General Article, §7.5-101(k), Annotated Code of Maryland.
- (12) "Medically necessary" means a service or benefit that is:

- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
 - (b) Consistent with current accepted standards of good medical practice;
 - (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
 - (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (13) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (14) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (15) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (16) "Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals.
- (17) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (18) "Site" means the location where the organization operates the program as detailed on the program's license.
- (19) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (20) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (21) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 Mobile Crisis Team Program Description.

- A Mobile Crisis Team program shall:
- A. Provide services as a single, coordinated entity;
 - B. Serve a designated geographic area agreed upon with the Administration,
 - C. Operate under an organization licensed in accordance with COMAR 10.63.06.
 - D. Cooperate and fulfill Administration requests related to participating in the State care traffic control bed registry and referral system and must fully participate in the system once it is operational.

.03 Mobile Crisis Team Staffing Requirements.

- A. Staffing Requirements. An organization licensed under this subtitle as Mobile Crisis Team Program shall meet the staffing requirements in §§B—E of this regulation.
- B. Licensed Mental Health Professionals. The licensed mental health professional for the Mobile Crisis Team Program shall:
- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (2) Meet the licensed mental health professional requirements in accordance with COMAR 10.63.03.06.
 - (3) Be licensed at the independent practice level;
 - (4) Be eligible to oversee the staff of the team; and
 - (5) Be eligible to complete an emergency petition in accordance with Health-General Article, §§ 10-620—630, Annotated Code of Maryland.
- C. Mobile Crisis Team Program Staffing Plan. A Mobile Crisis Team program:
- (1) Shall include at least one licensed mental health professional available at all times, either via video-telehealth or in-person;
 - (2) Shall include two staff members when responding in-person; and
 - (3) May not include law enforcement, if present, as part of the two-person response team.
- D. Mobile Crisis Team Program Annual Staff Training Requirements. An organization licensed under this subtitle to provide Mobile Crisis Team Program services shall:
- (1) Meet the training requirements in accordance with COMAR 10.63.03; and
 - (2) Ensure all staff receive any training required by the Administration and any other training required by the organization's accreditation organization.
- E. Engagement with Law Enforcement. A Mobile Crisis Team Program response may engage with law enforcement where the addition of a law enforcement presence provides additional safety measures, when indicated, for all individuals involved in the mobile crisis intervention.

.04 Mobile Crisis Team Program Services.

- A. Program Services. A Mobile Crisis Team Program shall provide in-person, community-based services, which shall:
- (1) Be deployed to the location of an individual in crisis;
 - (2) Be provided by a Mobile Crisis Team that is nearest to the location of the individual in crisis;

(3) Include a response initiated by a Mobile Crisis Team within an average of 60 to 120 minutes of determining an individual is in need of crisis intervention;

(4) Be age and culturally appropriate, and explained in terms understandable to the individual;

(5) Be designed to:

(a) De-escalate an individual's behavioral health crisis;

(b) Evaluate the nature of the crisis;

(c) Stabilize the individual to the pre-crisis level of functioning; and

(d) Maintain continuity of care by coordinating access to various treatment and support services;

(5) Use evidence-based tools to screen, assess, stabilize, and refer persons, as clinically indicated; and

(6) Meet the requirements of §§B and C of this regulation.

B. *Crisis Intervention Services.* A Mobile Crisis Team Program shall provide medically necessary crisis intervention services, inclusive of the following:

(1) Triage and screening to determine the level of risk faced by the individual in crisis and assess the most appropriate response;

(2) An immediate assessment conducted by a licensed mental health professional to determine the services necessary to stabilize the crisis for the individual;

(3) A plan for de-escalation and resolution of the crisis, including in-person interventions for immediate de-escalation of presenting behavioral symptoms;

(4) Brief therapeutic and skill-building interventions and therapeutic counseling techniques specific to the crisis that aims to lower risks and resolve the crisis so that a higher level of care is not needed;

(5) Case management and care coordination services, which may include referrals to other services as well as follow-up contacts;

(6) Engaging peer, natural, and family support when appropriate;

(7) A crisis safety plan, which shall aim to keep an individual in crisis and their environment safe and may include the distribution of opioid overdose reversal drugs, lethal means counseling, and other evidence-based interventions;

(8) Stabilization services to ensure the individual's safety and connection to needed resources to reduce the behavioral symptoms leading to crisis; and

(9) Following the initial crisis intervention, screening and assessment for ongoing risk when indicated by the needs of persons served.

C. *Follow-up Services.* A Mobile Crisis Team shall provide follow-up services in-person, via audio, or via telehealth inclusive of the following:

(1) Referral and linkage with other service providers;

(2) Ongoing coordination to meet identified resource needs; and

(3) Engaging peer, natural, and family support when appropriate.

.05 Mobile Crisis Team Licensure Process.

An organization licensed under this subtitle to provide MCT services:

A. Shall meet the licensing requirements in accordance with COMAR 10.63.06.

B. Shall meet the requirements defined in Health-General Article, Title 10, Subtitle 14, Annotated Code of Maryland;

C. Shall provide, 24 hours per day, 7 days per week, 365 days per year professional intervention for individuals whose behaviors are consistent with experiencing a mental health crisis, a substance-related disorder, or both;

D. Shall have the ability to respond to urgent behaviors that are disrupting an individual's behavioral health functioning;

E. Shall be pre-approved by the Department or its designee to participate in the public behavioral health system to receive funding through the Department; and

F. May be for multiple Mobile Crisis Team Programs at a single licensed program site, if serving separate, designated geographic areas.

.05 Site and Documentation Requirements.

An organization licensed as a Mobile Crisis Team program under this subtitle shall:

A. Meet the documentation requirements in accordance with COMAR 10.63.04.

B. Provide data on outcomes and social determinants of care to the State in the format and frequency required by the Department; and

C. Obtain pre-approval from the Department and local authority to operate Mobile Crisis Team services in the public behavioral health system to ensure services meet local community needs for behavioral health crisis services.

10.63.15 Mobile Treatment Services Programs

Authority: Health-General Article, §§2-104(b), 10-901, and 10-902, Annotated Code of Maryland

.01 Definitions.

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

B. *Terms Defined.*

(1) "Addictive Disorder."

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

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

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

(3) "Allied Health Staff."

(a) Allied health staff means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

(i) Rehabilitation workers;

(ii) Direct service staff;

(iii) Non-certified peer recovery specialists;

(iv) Community health workers;

(v) Health educators;

(vi) Counselor aides; and

(vii) Group living workers.

(4) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

(7) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.

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

(9) "Core service agency (CSA)" means the county or multi-county authority, designated under Health-General Article, Title 10, Subtitle 12, Annotated Code of Maryland, and approved by the Department, that is responsible for planning, managing, and monitoring publicly funded mental health services.

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

(11) "Face-to-face" means contact with a participant that occurs in-person or via audio-visual telehealth in accordance with Health-General Article, §15-141.2, Annotated Code of Maryland.

(12) "Family therapy-counseling" means a distinct discipline that utilizes accepted family system theories and intervention techniques.

(13) "Group therapy-counseling" means treatment procedures provided simultaneously to two or more patients that:

(a) Require constant attendance, but not one-on-one contact by the physical therapist or physical therapist assistant; and

(b) Can be, but need not be, the same treatment procedures.

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

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

(16) "Licensed mental health professional" means:

(a) A psychiatrist; or

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

(17) "Local Authority."

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

(b) "Local authority" includes the:

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

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

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

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

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

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

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

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

- (19) "Medication Monitoring."
 (a) "Medication monitoring" means:
 (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 (b) "Medication monitoring" does not mean:
 (i) Prescribing medication;
 (ii) Measuring or pouring medicine;
 (iii) Preparation of a syringe for injection; or
 (iv) Administration of medication.
- (20) Mental Disorder.
 (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
 (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
 (c) "Mental disorder" does not include an intellectual disability.
- (21) "Mobile treatment services (MTS) program" means a program organized to provide intensive, assertive mental health treatment and support services delivered by a multidisciplinary treatment team to an adult or a minor whose mental health treatment needs have not been met through routine, traditional outpatient mental health programs.
- (22) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (23) "Participant" means an individual receiving behavioral health services in a community-based program.
- (24) "Privileging" means the process by which a program determines that staff members are qualified to perform assigned duties
- (25) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (26) "Program" means a named set of services operated by an organization inclusive of:
 (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 (c) An addictive disorders program; and
 (d) A combination of (a)—(c).
- (27) "Psychiatrist" means a physician who:
 (a) Is licensed by the Maryland Board of Physicians; and
 (b) Is either:
 (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (28) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (29) "Site" means the location where the organization operates the program as detailed on the program's license.
- (30) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (31) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (32) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 MTS Program Description.

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

- A. Provide intensive, assertive outpatient mental health treatment and support services by a multi-disciplinary team to adult or minor program participants whose mental health treatment needs have not been met through traditional outpatient mental health programs;
- B. Ensure that services are provided flexibly and where required by the needs and preferences of the program participant;
- C. Develop services designed to enable the program participant to remain in the community, thus reducing admissions to emergency rooms, inpatient facilities, or detention facilities;
- D. Provide transition discharge services, including developing a transition plan and arranging to initiate authorized services before the planned discharge, in collaboration with:
 (1) The applicable local authority, and
 (2) Designated transition service providers; and
- E. Provide on-call and crisis response services, 24 hours per day, 7 days a week.

.03 MTS Program Staffing Requirements.

A. An organization operating a licensed MTS program shall meet staffing requirements:

- (1) In accordance with COMAR 10.63.03; and
- (2) Have a multi-disciplinary team in accordance with §B of this regulation.

B. Multi-disciplinary Team.

(1) In addition to the staff required in COMAR 10.63.03, a licensed MTS program shall have a multi-disciplinary team which includes, at minimum, the following dedicated program staff:

- (a) A program director in accordance with COMAR 10.63.03;
- (b) A psychiatrist or licensed psychiatric nurse practitioner in accordance with COMAR 10.63.03;
- (c) A licensed registered nurse in accordance with COMAR 10.63.03;
- (d) At least one additional licensed mental health professional in accordance with COMAR 10.63.03; and
- (e) At least 1 full-time equivalent staff member for every 12 program participants on the program's active monthly census.

(2) In addition to the staff specified in §B(1) of this regulation, a licensed MTS program may employ a licensed occupational therapist, a certified peer recovery specialist, or other allied health professional who meet the requirements of COMAR 10.63.03.

.04 MTS Pre-Service Assessment.

A. An organization operating a licensed MTS program, within 5 business days of receipt of referral for MTS, shall ensure the licensed mental health professional assigned to conduct assessments:

(1) Conduct an in person or telehealth audio video assessment with the individual to determine priority for enrollment based on acuity of the individual's need and arrange an appointment for a psychiatric evaluation; and

(2) If the individual is a minor, conduct the assessment with the individual's parent or guardian, if appropriate, in accordance with COMAR 10.63.01.07.

B. The program director shall determine whether the program's services are appropriate or inappropriate for the individual based on the assessment.

C. If the program director determines the program's services are inappropriate, the program director shall:

(1) Inform the individual and, if the individual is a minor, their parent or guardian, of the determination and the reason; and

(2) With proper consent, notify the family or significant others designated by the individual of the determination and of any recommendations for other service.

.05 MTS Program Services.

A. An organization licensed under this subtitle to operate an MTS program shall:

(1) Provide comprehensive, medically necessary, and appropriate services that are sufficiently flexible to allow for the delivery of services in the setting and time that is appropriate for the program participant's needs and preferences.

(2) Ensure that the following individuals participate in the development and implementation of program services:

- (a) The program participant;
- (b) The multi-disciplinary treatment team under the direction of the treatment coordinator; and
- (c) Family members or significant others designated by the program participant, provided proper consent is provided.

B. A MTS program shall provide the following services:

- (1) Functional assessments in accordance with §C of this regulation;
- (2) Psychiatric evaluation in accordance with and §D of this regulation and COMAR 10.63.XX;
- (3) Individual care plan in accordance with §E of this regulation;
- (4) Health promotion and training in accordance with §F of this regulation;
- (5) Case management, care coordination, and advocacy in accordance with §G of this regulation;
- (7) Psychiatric rehabilitation services;
- (8) Individual, group, and family counseling and psychotherapy;
- (9) Public benefits and entitlements planning and education; and
- (10) Crisis evaluation, assessment, and intervention services, 24 hours a day, 7 days a week, with the capacity for:
 - (a) Program participants to have direct on-call access to a member of the team, with minimum screening and triaging;

and

(b) In-person response in home and community-based settings, when clinically indicated.

C. Functional Assessment. In collaboration with the program participant, the MTS program shall assess the program participant's level of functioning in the areas of:

- (1) Community living skills, including but not limited to:
 - (a) Mobility training; and
 - (b) Money management;
- (2) Activities of daily living, including:
 - (a) Meal planning and preparation;
 - (b) Personal hygiene and grooming; and
- (3) Interpersonal, communication, leisure and social skills; and

(4) Based on the assessment, provide rehabilitation activities to assist with and facilitate the program participant's acquisition and improvement of independent living skills.

D. *Psychiatric Evaluation. Initial MTS Psychiatric Evaluation.* Within 20 business days of receipt of referral for MTS, the MTS psychiatrist or psychiatric nurse practitioner, shall conduct an in person or telehealth evaluation in accordance with COMAR 10.63.04.03G and 10.63.01.07.

E. *Individual Care Plan.*

(1) The MTS program shall develop an individual care plan which shall:

(a) Meet the requirements of COMAR 10.63.04.03H; and

(b) Be completed within 30 business days of a program participant's enrollment into an MTS program based on the program participant's assessments and evaluations in accordance with Regulation .04 of this chapter and §§C—D of this regulation.

(2) The MTS program shall ensure that the program participant's treatment coordinator reviews the individual care plan:

(a) At minimum, every 3 months; and

(b) In collaboration with the program participant, in accordance with COMAR 10.63.04.03H.

F. *Health Promotion and Training.*

(1) The MTS psychiatrist, psychiatric nurse practitioner, or registered nurse shall carry out health promotion activities, including but not limited to:

(a) Monitoring of a chronic medical condition that is managed by a primary care provider,

(b) Education on illness prevention and wellness maintenance, including diagnostic testing preparation and prescribed treatment for acute and short-term illness.

(c) Reinforcement of instructions given by the primary health care provider;

(d) Evaluation of an acute health problem to determine the most appropriate health care provider and referring the program participant to the provider.

(2) MTS program staff shall, when indicated by the program participant's individual treatment plan, provide basic health teaching in the following areas:

(a) Nutrition;

(b) Exercise;

(c) Dental care;

(d) Substance use prevention; and

(e) Prevention of injury and illness at home and in the community.

(3) MTS program staff credentialed and privileged to do so shall provide training in communicable disease prevention, including prevention of sexually transmitted diseases and bloodborne pathogens, including HIV/AIDS.

G. *Case Management, Care Coordination, and Advocacy Services.* The MTS treatment team shall ensure appropriate coordination resources that are considered essential to meeting the program participant's identified needs, including but not limited to intervention and advocacy with:

(1) Community mental health and rehabilitation service providers;

(2) Social service agencies;

(3) Courts and detention centers;

(4) Providers of needed somatic health services;

(6) Immediate and extended family members;

(7) For school age children, the educational system; and

(8) Social, recreation, and leisure activities.

.06 MTS Program Medication Services.

A. *Evaluation and Prescription.* When prescribing medication for a program participant, the MTS psychiatrist shall:

(1) Conduct a face-to-face evaluation of the program participant;

(2) Obtain through a medical history, evidence of a recent physical examination, records review, laboratory testing, or other appropriate measures, ensure that there are no contraindications to the prescription of specific medications;

(3) Document in the program participant's medical record the rationale for prescribing the medication;

(4) Explain to the program participant or the program participant's legal guardian both the benefits and the side effects of prescribed psychiatric medications before and, when appropriate, during treatment, and document the explanation in the program participant's medical record; and

(5) Order and monitor tests at medically recommended intervals and document the results in the program participant's medical record.

B. *Medication Administration.*

(1) An individual licensed under Health Occupations Article, Annotated Code of Maryland, to administer medication may do so.

(2) A licensed practical nurse or a registered nurse may delegate the administration of medication only according to the provisions of COMAR 10.27.11.

(3) An advance practice registered nurse may delegate the administration of a medication in accordance with COMAR 10.27.28.

C. Medication Monitoring. When required by the program participant's individual care plan, a member of the MTS program's treatment team credentialed and privileged to do so shall:

- (1) Support for the program participant's self-administration of prescribed medication;
- (2) Monitor, to the extent possible, compliance with instructions appearing on the medication's label;
- (3) Ensure that each container of medication is clearly labeled with the program participant's name, the contents, directions for use, and expiration date;
- (4) Ensure that each program participant has secure, appropriate, and accessible space in which to store medications;
- (5) Observe and document any apparent reactions to medication and, either verbally or in writing and in a timely fashion, communicate to the prescribing authority any medication-related problems; and
- (6) Reinforce education on the role and effects of medication in symptom management.

D. Medication Education. As required by a program participant's individual care plan, a nurse, a physician, or other privileged and credentialed staff shall:

- (1) Educate the program participant and, with the program participant's consent, the program participant's family or significant others;
- (2) Verify the program participant's understanding of the directions for administration of medication; and
- (3) Provide information regarding:
 - (a) The role, effects, and importance of medication in symptom management;
 - (b) Expected benefits and expected side effects of prescribed medication; and
 - (c) Nutritional and dietary expectations and risks related to the program participant's medication regimen.

.07 MTS Program Discharge and Transition Planning Services.

A. Planned Discharge. An organization operating an MTS program may initiate a planned discharge of a program participant from the MTS program:

- (1) At the participant's request;
- (2) When the participant has successfully completed all goals identified on the participant's individual care plan; or
- (3) When the participant no longer meets program participation eligibility criteria.

B. Unplanned Discharge. An MTS program may initiate an unplanned discharge of a program participant for not participating in services only after:

- (1) Making at least four face-to-face consecutive in-person outreach efforts over a period of 3 or more weeks to maintain treatment engagement; and
- (2) Performing or referring the program participant for a wellness check.

C. Referral. MTS program shall refer the program participant for appropriate mental health and support services in the program participant's community.

D. Transition Services. An MTS program shall provide transition discharge services, including a transition plan and arrangements to initiate authorized services before a planned discharge, in collaboration with:

- (1) The program participant;
- (2) The interdisciplinary treatment team;
- (3) Family members and significant others, if authorized by the program participant,
- (4) The applicable local authority; and
- (5) Designated transition service providers.

.08 MTS Program Documentation.

MTS program staff shall:

A. Meet the documentation requirements in accordance with COMAR 10.63.04; and

B. Document summary notes, entered at least monthly by the program participant's treatment coordinator, that include:

- (1) A description of the participant's progress toward the goals; and
- (2) Any changes in the participant's goals and interventions based on the review of progress.

.09 MTS Program Licensure Process.

An organization seeking licensure to operate an MTS program shall meet the licensing requirements in accordance with COMAR 10.63.06 and any additional program specific requirements set forth in this chapter.

.10 MTS Program Site Requirements.

An organization licensed to operate a program to provide MTS shall meet site requirements in accordance with COMAR 10.63.04.

10.63.16 Outpatient Mental Health Center (OMHC)

Authority: Health-General Article, §§2-104(b), 10-901, and 10-902, Annotated Code of Maryland

.01 OHMC Definitions.

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

B. Terms Defined.

- (1) "Accreditation" means the approval granted to a program by an accreditation organization.
- (2) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (3) "Advance directive for mental health services" means a plan made by an individual pursuant to Health-General Article, §5-602.1, Annotated Code of Maryland.
- (4) "Applicant" means the legally authorized individual or entity submitting an application for licensure.
- (5) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (6) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (7) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (8) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
- (9) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.
- (10) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (11) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (12) "Critical Incident" means an event that impacts the health, safety, or welfare of a program participant or staff.
- (13) "Department" means the Maryland Department of Health.
- (14) "Family therapy-counseling" means a distinct discipline that utilizes accepted family system theories and intervention techniques.
- (15) "Group practice" has the meaning stated in Health Occupations Article, §1-301, Annotated Code of Maryland.
- (16) "Group therapy-counseling" means treatment procedures provided simultaneously to two or more patients that:
 - (a) Require constant attendance, but not one-on-one contact by the therapist; and
 - (b) Can be, but need not be, the same treatment procedures.
- (17) "Hospital" has the meaning stated in Health-General Article §19-301, Annotated Code of Maryland.
- (18) "Independent Practice Level"
 - (a) "Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.
 - (b) "Independent practice level" does not include:
 - (i) Licensed graduate professional counselor;
 - (ii) Licensed graduate marriage and family therapist;
 - (iii) Licensed graduate art therapist;
 - (iv) Licensed graduate alcohol and drug counselor;
 - (v) Licensed master social worker;
 - (vi) Licensed certified social worker;
 - (vii) Registered psychology associate; or
 - (viii) Certified addiction counselors at any level.
- (19) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (20) "Licensed mental health professional" means:
 - (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (21) "Medical director" means an individual licensed in accordance with Health Occupations Title, Annotated Code of Maryland who oversees the operation of a community-based behavioral health program.
- (22) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland
- (23) Medication Monitoring.
 - (a) "Medication monitoring" means:
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 - (b) "Medication monitoring" does not mean:
 - (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (24) "Mental health program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

(25) "Mobile treatment services (MTS) program" means a program organized to provide intensive, assertive mental health treatment and support services delivered by a multidisciplinary treatment team to an adult or a minor whose mental health treatment needs have not been met through routine, traditional outpatient mental health programs.

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

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

(28) "Primary caretaker" means the:

(a) Child's custodial parent or parents;

(b) Adult with whom the child currently resides; or

(c) Legal guardian.

(29) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(31) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

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

(33) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

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

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

(37) "Telehealth" Health-General Article, §15–141.2, Annotated Code of Maryland

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

.02 OMHC Program Description.

An organization licensed under this subtitle to provide outpatient mental health center (OMHC) services shall be designed to provide outpatient mental health treatment services that are:

A. Age and culturally appropriate for the program participant;

B. Focused on recovery and resiliency; and

C. Coordinated with other community services and supports.

.03 OMHC Staffing Requirements.

A. An organization licensed under this subtitle to provide OMHC program services, shall employ, at minimum:

(1) The staff in §§B—D of this regulation; and

(2) A multi-disciplinary licensed mental health professional team in accordance with §D of this regulation.

B. OMHC Medical Director.

(1) OMHC medical directors are organizational level staff and may perform duties at a maximum of 5 program sites if the medical director is not providing direct clinical care or a maximum of 3 sites if the medical director is providing direct clinical care in addition to the medical director duties.

(2) The OMHC medical director shall:

(a) Meet the general staffing requirements in accordance with COMAR 10.63.03;

(b) Meet the requirements in accordance with Health-General Article, §7.5–402, Annotated Code of Maryland;

(c) Be licensed in the State as either a physician in accordance with Health Occupations Article, §14-301, Annotated Code of Maryland or as a Certified Registered Nurse Practitioner in accordance with Health Occupations Article, §8-302.1, Annotated Code of Maryland with a specialization in the practice of Psychiatric Mental Health (CRNP-PMH);

(d) Be an employee of the organization which operates the program which they direct;

(e) Be employed by the organization at least 20 hours per week either in person or by video-telehealth; and

(f) Provide clinical consultation during the stated operating hours of the OMHC.

(3) The OMHC medical director:

(a) May, provide direct-care services;

(b) May, if employed full-time, also serve as the OMHC program director; and

(c) May not, if employed by more than one organization as a medical director or program director exceed 60 hours per week for the total combined hours worked as a medical director or program director; and

(d) May be subject to more stringent requirements for participation with the federal Medicaid program in accordance with 42 CFR §440.90.

(4) The OMHC medical director, either directly or through formal delegation, shall:

(a) Approve and regularly review the program's:

(i) Admission criteria;

(ii) Discharge criteria; and

(iii) Medical policies, procedures, and protocols;

(b) Direct patient care;

(c) Ensure the adequacy of individualized treatment plans;

(d) Ensure daily medical coverage to meet program participant needs;

(e) Determine the credentials required of other licensed clinical staff who serve the program;

(f) Monitor the care delivered by other staff who serve the program;

(g) Review all critical incidents; and

(h) Oversee the quality of care delivered by all programs for which the individual is serving as medical director.

C. Program Director. The program director shall meet:

(1) The general staffing requirements in accordance with COMAR 10.63.03; and

(2) The program director requirements in accordance with COMAR 10.63.03.07.

D. Clinical Director. The clinical director shall:

(1) Meet the general staffing requirements in accordance with COMAR 10.63.03;

(2) Meet the clinical director requirements in accordance with COMAR 10.63.03.06;

(3) Be an independent practice level licensed mental health professional in accordance with COMAR 10.63.02;

(4) Be employed by the OMHC; and

(5) Be available in-person or by video-telehealth for at least 50 percent of a licensed OMHC's operating hours, which include the hours between 9am and 5pm on days that the OMHC program site is operating.

E. Licensed Mental Health Professionals.

(1) An OMHC shall employ at least two licensed mental health professionals, in addition to the OMHC medical director.

(2) The licensed mental health professionals shall:

(a) Meet the general staffing requirements in accordance with COMAR 10.63.03;

(b) Provide assessments and treatment services;

(c) Include representatives of two different mental health professions, both of which are represented on-site or by telehealth 50 percent of the OMHC's regularly scheduled hours.

F. An OMHC may employ graduate-level interns who may deliver services if the OMHC employs or contracts with an appropriate licensed mental health professional who is approved to provide clinical supervision under Health Occupations Article, Annotated Code of Maryland.

.04 OMHC Program Services.

A. Program Services. OMHC program services include:

(1) Consent for services in accordance with COMAR 10.63.04.03D;

(2) Evaluative services including:

(a) A comprehensive assessment in accordance with §B(1) of this regulation;

(b) A psychiatric evaluation, if applicable, in accordance with §B(2) of this regulation; and

(c) An individual care plan in accordance with §B(4) of this regulation;

(3) Therapy services in accordance with COMAR 10.63.01;

(4) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;

(5) Case management services in accordance with COMAR 10.63.01;

(6) Treatment services in accordance with §C of this regulation;

(7) Medication services in accordance with §D of this regulation;

(8) On-call and crisis intervention services in accordance with §E of this regulation;

(9) Care coordination and referral support services in accordance with §F of this regulation; and

(10) Discharge planning services in accordance with §H of this regulation.

B. Evaluative Services.

(1) Comprehensive Assessment.

(a) An OMHC shall conduct a comprehensive assessment:

(i) Within 20 business days of receipt of referral or request for treatment; or

(ii) If referred from an inpatient facility, within 5 business days of receipt of referral.

(b) The comprehensive assessment shall include a substance use screening to determine if the individual has a co-occurring substance-related disorder.

(c) If, due to program capacity, there will be a delay in the initiation of the comprehensive assessment and treatment services, the OMHC shall:

(i) Establish a procedure to review clinical acuity as described by the referral source;

(ii) Assign priority for initiation of services based on clinical acuity; and
(iii) Inform the individual or referral source of the individual's placement on the waiting list, the estimated date the assessment will be initiated, and any alternative services that are available.

(2) *Psychiatric Evaluation.* If applicable, based on the comprehensive assessment, the OMHC shall conduct a psychiatric evaluation within 20 business days of the program participant's comprehensive assessment.

(3) *Individual Care Plan.*

(a) The OMHC shall complete an initial individual care plan no later than:

- (i) The third visit; or
- (ii) 3 months after the completion of the comprehensive assessment.

(b) The OMHC shall review the individual care plan:

- (i) At the frequency designated by the organization's accreditation organization; or
- (ii) At minimum, every 6 months.

C. *Treatment Services.*

(1) An OMHC shall have the capacity to provide the treatment services required by the program participant's individual care plan.

(2) OMHC treatment shall include:

- (a) Individual therapy;
- (b) Group therapy; and
- (c) Family therapy.

D. *Medication Services.*

(1) Medication services provided by the OMHC shall include:

- (a) Prescription;
- (b) Administration;
- (c) Monitoring; and
- (d) Education regarding medication to include:
 - (i) Name of Medication,
 - (ii) Dosage;
 - (iii) Frequency of use;
 - (iv) Expected results;
 - (v) Intended effect;
 - (vi) Potential interactions; and
 - (vii) Potential side effects; and

(e) As applicable for the program participant's medication regimen:

- (i) Order and monitor testing at medically recommended intervals; and
- (ii) Document results in the individual's medical record.

(2) At minimum, every 90 days, the OMHC's clinical staff with prescribing authority shall evaluate the program participant in person or by audio-visual telehealth and alter medication or adjust dosage as clinically indicated.

(3) Upon any changes in the program participant's medication regimen, with proper consent, and if appropriate, the OMHC shall promptly notify anyone responsible for administering or monitoring the program participant's medication.

(4) The OMHC shall notify the program participant's primary care physician every 6 months of medication changes, if any.

E. *On-Call and Crisis Intervention Services.*

(1) An organization licensed to provide OMHC services shall ensure that on-call crisis intervention services are available to program participants:

- (a) In person onsite during the OMHC's regular hours of operation; and
- (b) By phone, during the hours the OMHC is not open either provided by the OMHC, or by written agreement with another OMHC or crisis services provider.

(2) *Crisis Response Plans or Advance Directive for Mental Health Services.* If clinically appropriate, a crisis response plan or an advance directive for mental health services shall be developed and documented in the program participant's medical record, that:

- (a) The program participant and, if the program participant is a minor, the primary caretaker may implement in the event of or to prevent a crisis at home, school, work, or other setting in which the program participant is involved; and
- (b) Is stated in terms that the program participant and, if applicable, the primary caretaker understand.

F. *Care Coordination and Referral Support Services.* The OMHC shall provide care coordination and referral support services as appropriate for the program participant, to include:

- (1) Psychiatric rehabilitation and support services;
- (2) Somatic care;
- (3) Speech and language services;
- (4) Vision and hearing services;
- (5) Special instruction, special education, or other educational interventions;
- (6) Occupational therapy;
- (7) Self-help organizations; and

(8) Substance related disorder services.

G. An OMHC program may provide the following services when the program's license specifically authorizes the service:

- (1) Mobile Treatment Services in accordance with COMAR 10.63.15;
- (2) Mobile Crisis Services in accordance with COMAR 10.63.14; or
- (3) Behavioral Health Crisis Stabilization Center Services in accordance with COMAR 10.63.11.

H. Discharge Planning.

(1) An organization operating an OMHC program may initiate a planned discharge of a program participant:

- (a) At the participant's request; or
- (b) When the participant has successfully completed all goals identified on the participant's individual care plan.

(2) When an OMHC discharges a program participant, the OMHC shall refer the individual for appropriate ongoing behavioral health care and support services in the individual's community.

.05 OMHC Licensure Process.

A. To be licensed as an OMHC under this subtitle, an organization shall:

- (1) Meet the licensing requirements in accordance with COMAR 10.63; and
- (2) Demonstrate providing behavioral health services for a minimum of 1 year in accordance with §B of this regulation.

B. An applicant for OMHC licensure may demonstrate a minimum of 1 year of providing behavioral health services by providing documented evidence of providing services as either a:

- (1) Group practice;
- (2) Hospital-based mental health program offering psychiatric care and therapy; or
- (3) Program licensed under this subtitle as:
 - (a) Behavioral Health Crisis Stabilization Center;
 - (b) Mental Health Partial Hospitalization Program;
 - (c) Mobile Crisis Team Program;
 - (d) Mobile Treatment Program;
 - (e) Residential Crisis Services Program;
 - (f) Level 1 Outpatient Treatment Program;
 - (g) Level 2.1 Intensive Outpatient Patient; or
 - (h) Level 2.5 Partial Hospitalization Program.

.06 OMHC Site and Documentation Requirements.

An organization licensed as an OMHC program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.17 Outpatient Treatment Level 1.0 - Substance-Related Disorder Treatment Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

(1) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

(3) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.

(4) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

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

(8) "Drug" means:

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

(b) A prescription medication; or

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

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

- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (12) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (13) "Participant" means an individual receiving behavioral health services in a community-based program.
- (14) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (15) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (16) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (17) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (18) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (19) "Site" means the location where the organization operates the program as detailed on the program's license.
- (20) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (21) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (22) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 Level 1.0 Program Description.

A. An organization licensed under this subtitle to provide a Level 1.0 substance-related disorder treatment program shall provide outpatient evaluation and appropriate outpatient treatment for program participants based on a comprehensive assessment for participants who meet Level 1.0 of the ASAM Criteria Levels of Care.

B. A Level 1.0 program shall provide structured treatment services to program participants who require treatment for less than:

- (1) 9 hours per week for adult program participants; and
- (2) 6 hours per week for adolescent program participants.

.03 Level 1.0 Program Staffing Requirements.

A. An organization licensed under this subtitle to provide Level 1.0 substance-related disorder treatment program services shall employ, at minimum, the staff in §§B—E of this regulation.

B. Program Director. The program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. The clinical director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in §D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

(a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or

(b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

E. Clinical Staff. Clinical staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The substance-related disorder clinical staff requirements in accordance with COMAR 10.63.03.14; and
- (3) The alcohol and drug counselor case loads in accordance with §F of this regulation.

F. Alcohol and Drug Counselor Case Loads. The Level 1.0 program participant to alcohol and drug counselor ratio may not exceed:

- (1) 35 adult program participants to one full-time equivalent alcohol and drug counselor; or
- (2) 30 adolescent program participants to one full-time equivalent alcohol and drug counselor.

.04 Level 1.0 Program Services.

A. Program Services. Level 1.0 program services include:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) An individual care plan in accordance with COMAR 10.63.04.03H;
- (4) Therapy services in accordance with COMAR 10.63.01;
- (5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment; and
- (6) Toxicology screens conducted at least monthly for each program participant.

B. Referral Services. Level 1.0 program referral services include coordinated access, as appropriate, to emergency services, including behavioral health crisis stabilization centers, mobile crisis services, residential crisis services, hospitals, and other service providers that are designated to provide crisis and emergency care and treatment.

C. A Level 1.0 program may provide the following services when the program's license specifically authorizes the service:

- (1) Withdrawal management service in accordance with COMAR 10.63.36; and
- (2) Opioid treatment service in accordance with COMAR 10.63.35.

.05 Level 1.0 Program Licensure Process.

To be licensed as a Level 1.0 program under this subtitle, an organization operating a Level 1.0 program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Level 1.0 Program Site and Document Requirements.

An organization licensed as a Level 1.0 program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

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

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

(5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.

(6) "Certified recovery residence" means a recovery residence that holds a certificate of compliance.

(7) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.

(8) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

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

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

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

- (14) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (15) "Medically necessary" means a service or benefit that is:
- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
 - (b) Consistent with current accepted standards of good medical practice;
 - (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
 - (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (16) "Opioid Treatment Program Services" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and
 - (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
 - (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (17) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (18) "Participant" means an individual receiving behavioral health services in a community-based program.
- (19) "Peer support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (20) "Program director" means the individual who has overall responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (21) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (22) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (23) "Recovery residence" means a service that:
- (a) Provides alcohol-free and illicit-drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental disorders and substance-related disorders or addictive disorders; and
 - (b) Does not include clinical treatment services.
- (24) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (25) "Site" means the location where the organization operates the program as detailed on the program's license.
- (26) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (27) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (28) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (29) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 Level 2.5 Substance-Related Disorder PHP Program Description.

A. An organization licensed under this subtitle to provide a Level 2.5 substance-related disorder PHP program shall provide structured, medically necessary, and appropriate outpatient substance-related disorder treatment based on a comprehensive assessment for program participants who meet substance-related disorder PHP Level 2.5 of the ASAM Criteria Levels of Care.

B. A Level 2.5 substance-related disorder PHP shall provide structured treatment services to adult and adolescent program participants who require treatment from 20 to 35 hours per week.

.03 Level 2.5 Substance-Related Disorder PHP Staffing Requirements.

A. An organization licensed under this subtitle to provide Level 2.5 substance-related disorder PHP services shall employ, at minimum, the staff in §§B—E of this regulation.

B. Program Director. The program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. The clinical director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in §D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

(a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or

(b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

E. Clinical Staff. Clinical staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The substance-related disorder clinical staff requirements in accordance with COMAR 10.63.03.14; and
- (3) The case load requirements in accordance with §F of this regulation.

F. Case Load Requirements.

(1) The Level 2.5 substance-related disorder PHP shall employ, at minimum, one clinical supervisor for every 15 licensed or certified alcohol and drug counselors and alcohol and drug trainees.

(2) The program participant to alcohol and drug counselor ratio for a Level 2.5 substance-related disorder PHP may not exceed:

- (a) 20 program participants to one full-time alcohol and drug counselor; or
- (b) 10 program participants to one alcohol and drug trainee.

.04 Level 2.5 Substance-Related Disorder PHP Services.

A. Program Services. Level 2.5 substance-related disorder PHP program services shall include:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) An individual care plan in accordance with COMAR 10.63.04.03H;
- (4) Therapy services in accordance with COMAR 10.63.XX;
- (5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment in accordance with §§C and D of this regulation; and
- (6) Case management services in accordance with COMAR 10.63.XX.

B. Referral Services. Level 2.5 substance-related disorder PHP referral services include:

- (1) Coordinated access, as appropriate, to emergency services, including behavioral health crisis stabilization centers, mobile crisis services, residential crisis services, hospitals, and other service providers that are designated to provide crisis and emergency care and treatment;
- (2) Relationships with medical and mental health practitioners that allow for referral of program participants for telehealth consultation within 3 business days;
- (3) Services through the Division of Rehabilitation Services;
- (4) Vocational assistance;
- (5) Legal assistance programs;
- (6) Entitlements assistance programs; and
- (7) Peer support services.

C. Referral Agreements and Program Cooperation.

(1) A Level 2.5 substance-related disorder PHP shall have referral agreements with other community-based behavioral health programs for program participants with disabilities which the program may be unable to accommodate.

(2) A Level 2.5 substance-related disorder PHP may coordinate program participant care with other community service providers to ensure that the widest range of appropriate services are available to program participants.

(3) A Level 2.5 substance-related disorder PHP may establish referral agreements with organizations including but not limited to:

- (a) Other licensed community based behavioral health organizations;
- (b) Certified recovery residences;
- (c) Human service agencies; or
- (d) Other health care organizations.

(4) If the Level 2.5 substance-related disorder PHP has any referral agreements, the program, upon request, shall make the referral agreements available to the Administration or its designee for review.

D. A Level 2.5 substance-related disorder PHP may provide the following services when the program's license specifically authorizes the service:

- (1) Withdrawal management service in accordance with COMAR 10.63.36; and
- (2) Opioid treatment service in accordance with COMAR 10.63.35.

.05 Level 2.5 Substance-Related Disorder PHP Licensure Process.

To be licensed as a Level 2.5 substance-related disorder PHP under this subtitle, an organization operating a Level 2.5 substance-related disorder PHP shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Level 2.5 Substance-Related Disorder PHP Site and Documentation Requirements.

An organization licensed as a Level 2.5 substance-related disorder PHP under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.19 Mental Health- Partial Hospitalization Program (MH-PHP)

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 MH-PHP Definitions.

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

B. Terms Defined.

- (1) "Accreditation" means the approval granted to a program by an accreditation organization.
- (2) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (4) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (5) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (6) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (7) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (8) "Department" means the Maryland Department of Health.
- (9) "Family therapy-counseling" means a distinct discipline that utilizes accepted family system theories and intervention techniques.
- (10) "Group therapy-counseling" means treatment procedures provided simultaneously to two or more patients that:
 - (a) Require constant attendance, but not one-on-one contact by the therapist; and
 - (b) Can be, but need not be, the same treatment procedures.
- (11) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (12) "Hospital" has the meaning stated in Health-General Article §19-301, Annotated Code of Maryland.
- (13) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (14) "Licensed mental health professional" means:
 - (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (15) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland
- (16) Medication Monitoring.
 - (a) "Medication monitoring" means:
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 - (b) "Medication monitoring" does not mean:
 - (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (17) "Mental Health Program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (18) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (19) "Participant" means an individual receiving behavioral health services in a community-based program.
- (20) "Program" means a named set of services operated by an organization inclusive of:

- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)—(c).
- (21) "Psychiatrist" means a physician who:
 - (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (22) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (23) "Site" means the location where the organization operates the program as detailed on the program's license.
- (24) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (25) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 Mental Health PHP Program Description.

- A. The mental health partial hospitalization program (PHP) refers to the program formally known as the "Psychiatric day treatment program."
- B. In order to be licensed under this subtitle, a mental health partial hospitalization program (PHP), shall:
 - (1) Be designed to provide short-term, intensive, day or evening mental health treatment and support services for program participants who do not require 24-hour care; and
 - (2) Focus on the improvement of a program participant's acute psychiatric symptoms.

.03 Mental Health PHP Staffing Requirements.

- A. A licensed mental health PHP shall ensure that all staff meet the general staffing requirements in accordance with COMAR 10.63.03.
- B. A licensed mental health PHP shall be medically supervised and staffed by a multidisciplinary treatment team that includes, at a minimum:
 - (1) A psychiatrist licensed in accordance with Health Occupations Article, §14-301, Annotated Code of Maryland;
 - (2) A registered nurse licensed in accordance with Health Occupations Article, §8-302.1, Annotated Code of Maryland; and
 - (3) Licensed mental health professionals in accordance with COMAR 10.63.03.

.04 Mental Health PHP Program Services.

- A. Program Services. Mental health PHP program services, at the licensed program site, include:
 - (1) Consent for services in accordance with COMAR 10.63.04.03D;
 - (2) Conducting a comprehensive assessment in accordance with §B of this regulation;
 - (3) Completing an initial individualized care plan in accordance with §C of this regulation;
 - (4) A Psychiatric evaluation, which shall be conducted within 10 business days of the comprehensive assessment;
 - (5) Clinical services documented in accordance with COMAR 10.63.01 to include:
 - (a) Individual therapy;
 - (b) Family therapy; and
 - (c) Group therapy; and
 - (6) Services in accordance with sections §§D—G of this regulation.
- B. Comprehensive Assessment.
 - (1) The mental health PHP shall conduct a comprehensive assessment:
 - (a) Within 3 business days of referral or request for treatment into the mental health PHP; or
 - (b) Within 1 business day of receipt of referral if the individual has been referred from an inpatient facility.
 - (2) If, due to program capacity, there will be a delay in the initiation of the comprehensive assessment and treatment services, the mental health PHP shall:
 - (a) Establish a procedure to review clinical acuity described by the referral source;
 - (b) Assign priority for initiation of services based on clinical acuity; and
 - (c) Inform the individual or referral source of:
 - (i) The individual's placement on the waiting list;
 - (ii) The estimated date that the assessment will be initiated; and
 - (iii) Alternative services that are available.
- C. Individual Care Plan. The mental health PHP shall complete an individual care plan that shall be:
 - (1) Developed in collaboration with the program participant, parent or legal guardian, and significant others;

(2) Completed within 5 business days of the comprehensive assessment; and
(3) Updated in accordance with the standard set by the mental health PHP's accreditation organization or, at minimum, every 30 days.

D. Medication Services.

(1) Medication services provided by the mental health PHP shall include:

- (a) Prescription;
- (b) Administration;
- (c) Monitoring; and
- (d) Education regarding medication to include the:
 - (i) Name of Medication,
 - (ii) Dosage;
 - (iii) Frequency of use;
 - (iv) Expected results;
 - (v) Intended effect;
 - (vi) Potential interactions; and
 - (vii) Potential side effects; and
- (e) As applicable for the program participant's medication regimen:
 - (i) Ordering and monitoring testing at medically recommended intervals; and
 - (ii) Documenting results in the program participant's medical record.

(2) The medical staff of the mental health PHP shall evaluate the program participant and alter medication or adjust dosage as clinically indicated, at minimum, every 30 days.

(3) Upon any changes in the program participant's medication regimen, with proper consent and if appropriate, the mental health PHP shall promptly notify anyone responsible for administering or monitoring the program participant's medication.

(4) Upon any changes in the program participant's medication regimen, with proper consent and if appropriate, the mental health PHP shall notify the program participant's primary care physician of medication changes.

E. On-Call and Crisis Intervention Services. An organization licensed to provide mental health PHP services shall ensure that on-call crisis intervention services are available to program participants:

(1) In person onsite during the program's regular hours of operation; and

(2) By phone, during the hours the mental health PHP is not open either provided directly by the mental health PHP or by written agreement with a crisis services provider.

F. Care Coordination and Referral Support Services. The mental health PHP shall provide care coordination and referral support services, as appropriate for the program participant, to include:

- (1) Somatic care;
- (2) Speech and language services;
- (3) Vision and hearing services;
- (4) Special instruction, special education, or other educational interventions;
- (5) Occupational therapy;
- (6) Self-help organizations; and
- (7) Substance related disorder services.

G. Discharge Planning.

(1) An organization operating a mental health PHP may initiate a planned discharge of a program participant:

(a) At the participant's request; and

(b) When the participant has successfully completed all goals identified on the participant's individual care plan.

(2) When a mental health PHP discharges a program participant, the mental PHP shall refer the individual for appropriate ongoing behavioral health care and support services in the individual's community.

.05 Mental Health PHP Licensure Process.

To be licensed as a mental health PHP under this subtitle, an organization shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Mental Health PHP Site and Document Requirements.

An organization licensed as a mental health PHP under this subtitle shall meet:

A. Site requirements in accordance with COMAR 10.63.05; and

B. Documentation requirements in accordance with COMAR 10.63.06.

10.63.20 Psychiatric Rehabilitation Program for Adults (PRP-A)

Authority: Health-General Article, §§2-104(b), 8-401—8-405, and 19-308, Annotated Code of Maryland

.01 PRP-A Definitions.

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

B. Terms Defined.

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

- (2) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (4) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
- (5) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.
- (6) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (7) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (8) "Department" means the Maryland Department of Health.
- (9) Independent Practice Level.
- (a) "Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.
- (b) "Independent practice level" does not include:
- (i) Licensed graduate professional counselor;
 - (ii) Licensed graduate marriage and family therapist;
 - (iii) Licensed graduate art therapist;
 - (iv) Licensed graduate alcohol and drug counselor;
 - (v) Licensed master social worker;
 - (vi) Licensed certified social worker;
 - (vii) Registered psychology associate; or
 - (viii) Certified addiction counselors at any level.
- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (12) "Medically necessary" means a service or benefit that is:
- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
 - (b) Consistent with current accepted standards of good medical practice;
 - (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
 - (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (13) Mental Disorder.
- (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
 - (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
 - (c) "Mental disorder" does not include an intellectual disability.
- (14) "Participant" means an individual receiving behavioral health services in a community-based program.
- (15) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (16) "Psychiatrist" means a physician who:
- (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (17) "Recovery-oriented services and supports"
- (18) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (19) Release.
- (a) "Release" means any type of discharge from the custody of a supervising authority.
 - (b) "Release" includes parole, probation, mandatory supervision release, work release, and any type of temporary leave except for leave that is granted on an emergency basis.

(c) "Release" does not include:

(i) Escape; or

(ii) A transfer among the Division of Correction, the Division of Pretrial Detention and Services, the Patuxent Institution, and local correctional facilities that does not result in the registrant's release into the community.

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

(21) "Site" means the location where the organization operates the program as detailed on the program's license or, as applicable, with the certificate issued by the local authority.

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

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

.02 PRP-A Program Description.

An organization licensed under this subtitle to operate a PRP-A shall:

A. Provide individualized, community-based comprehensive rehabilitation and recovery-oriented services and supports, including, but not limited to:

(1) Community integration skills training;

(2) Instrumental activities of daily living skills training;

(3) Social skills training; and

(4) Wellness management and recovery support;

B. Be designed for the maximum reduction of mental disability and restoration of an adult in the priority population to the best possible functional level pursuant to 42 U.S.C. §1396(d)(a)(13); and

C. Promote successful community integration through the use and maximization of natural and community resources and supports.

.03 PRP-A Staffing Requirements.

A. An organization licensed under this subtitle to provide PRP-A services, shall employ, at minimum, the staff in §§B and C of this regulation.

B. Rehabilitation Specialist.

(1) A rehabilitation specialist is dedicated program staff who:

(a) Shall meet the general staffing requirements in accordance with COMAR 10.63.03.02;

(b) May not perform duties at multiple program sites simultaneously in accordance with COMAR 10.63.03; and

(c) Shall be subject to the vacancy reporting requirements in accordance with COMAR 10.63.03.03.

(2) Rehabilitation Specialist Minimum Qualifications.

(a) A rehabilitation specialist shall at minimum have 2 years of direct care experience working with adults that have a serious mental disorder.

(b) A rehabilitation specialist shall be licensed or certified as one of the following in accordance with Health Occupations Article, Annotated Code of Maryland:

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

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

(iii) A licensed mental health professional certified at the graduate level, receiving formal, documented supervision, in accordance with licensing board requirements, by a licensed mental health professional who has a Business Associate Agreement with the organization in accordance with 45 CFR §164.502;

(iv) A licensed occupational therapist;

(v) A registered nurse who meets the requirements of §B(2)(c) of this regulation

(vi) A master's prepared rehabilitation counselor certified in the practice of rehabilitation counseling by the Commission on Rehabilitation Counselor Certification; or

(vii) A bachelor's prepared rehabilitation counselor certified by the Psychiatric Rehabilitation Association for PRP-A as a Certified Psychiatric Rehabilitation Practitioner.

(c) A rehabilitation specialist who is a Registered Nurse shall be licensed and in good standing in the State and shall either:

(i) Hold a psychiatric mental health nursing certification in accordance with the American Nurses Credentialing Center; or

(ii) Have, at minimum, a bachelor's degree in social work, counseling, rehabilitation, psychology, nursing, or a related field.

(3) Rehabilitation Specialist Roles and Responsibilities. A rehabilitation specialist shall:

(a) Provide clinical oversight;

(b) Provide oversight of all rehabilitation services;

(c) Be an employee of the program and not a self-employed independent contractor; and

(d) Be immediately available in person to both staff and program participants during regular operating hours of the program;

(i) At least 20 hours per week when the program serves less than 30 participants on its active monthly census of adults; or

(ii) 40 hours per week when the program serves 30 participants or more on its active monthly census.

(4) *Rehabilitation Specialist Limitations.* A rehabilitation specialist:

(a) Shall 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;

(b) May not be the primary treating therapist for any program participant; and

(c) Shall maintain responsibility for ensuring the quality of clinical care provided and compliance with applicable regulatory and accreditation standards.

C. Direct Care Staff.

(1) *Direct care staff shall:*

(a) Meet the general staffing requirements in accordance with COMAR 10.63.03; and

(b) Meet the allied staff requirements in accordance with COMAR 10.63.03.11.

(2) *Supervision.* The PRP-A shall ensure that:

(a) All staff receive regular documented in-person supervision;

(b) There is at least one person qualified as a rehabilitation specialist for every 25 direct care staff full-time equivalents, excluding the rehabilitation specialist, interns, consultants, and volunteers; and

(c) There is at least one direct care staff full-time equivalent, excluding the rehabilitation specialist, interns, consultants, and volunteers, for every 20 program participants on the active monthly census.

(3) *Training.* Staff shall receive documented training approved by the Administration within 90 days of employment in the following areas:

(a) Orientation to psychiatric rehabilitation;

(b) Mental Health First Aid or a similar program;

(c) Person-centered care planning;

(d) Ethics and boundaries; and

(e) Sexual abuse awareness and prevention, updated annually, as set forth in COMAR 10.01.18.

.04 PRP-A Service Initiation.

A. Referral. To initiate services a PRP-A shall receive a referral for service from:

(1) The program participant's treating licensed mental health professional;

(2) The program participant's treating psychiatrist or psychiatric nurse practitioner; or

(3) An inpatient facility, residential treatment center, detention center, or other residential treatment facility following the program participant's discharge or release.

B. Informed Consent and Notification A PRP-A program shall:

(1) Receive consent for services in accordance with COMAR 10.63.04.04;

(2) Provide the program participant all notifications and information regarding PRP services, unless the exceptions in Health-General Article, §20-104, Annotated Code of Maryland apply; and

(3) Document that the PRP-A program has informed the program participant in writing that a PRP-A is a clinical skills-training program not a:

(a) Treatment program;

(b) Social program; or

(c) Mentoring program.

C. Service Location. A PRP-M shall provide services at the times and places, according to the needs of the participants served including but not limited to:

(1) The program's facility or office;

(2) The participant's home; and

(3) In the community.

D. A PRP-A program shall only provide services to program participants who are in ongoing treatment for a mental health condition and are at risk of needing higher levels of care.

.05 PRP-A Services.

A. Program Services. PRP-A program services shall include the services in §§B and C of this regulation.

B. Assessment and Referral. The PRP-A shall provide assessment and referral services which shall include:

(1) Individualized, medically necessary, and appropriate PRP-A services in the setting and time clinically needed, including evenings and weekends, based on:

(a) A clinical assessment and referral from a licensed mental health professional with whom the program participant is in active treatment and who does not work in or receive remuneration in any form from the PRP-

A;

(b) Clinical reassessment and certification at minimum every 6 months of the ongoing need for

services by a licensed mental health professional with whom the program participant is in active treatment in a format approved by the Administration, or ongoing documented evidence of treatment coordination between the licensed mental health professional and the PRP-A;

(c) An individualized functional assessment of each individual on the instrument established by the Administration and submitted to the Administration including item ratings, scores, and other requested information in the time and manner prescribed by the Administration;

(d) A comprehensive rehabilitation assessment and individualized rehabilitation plan, which shall be completed, in collaboration with the program participant served, within the later of 10 visits, or 30 days of admission; and

(e) Updated rehabilitation plans, completed in collaboration with the participant, at minimum every 6 months; and

(2) Case management and care coordination services.

C. Supported Employment Service.

(1) A PRP-A shall continually assess program participants for need and interest in supported employment and:

(a) Make referrals accordingly; and

(b) With the consent of the participant, facilitate ongoing, effective, efficient communication between the treating clinician and the supported employment program staff for shared service recipients for the purpose of:

(i) Establish a working alliance in pursuit of the participant's goals for competitive employment;

(ii) Coordinating and aligning care and interventions;

(iii) Collectively supporting the individual in identifying and selecting employment options;

(iv) Proactively addressing clinical issues and resolving behavioral health crises that may adversely impact employment retention;

(v) Ensuring congruence of supported employment and rehabilitation goals, interventions, activities, and plans; and

(vi) Promoting long-term career development and self-sufficiency.

D. Telehealth Services.

(1) A PRP-A shall meet the telehealth requirements in accordance with COMAR 10.63.01.07.

(2) The following restrictions on provision of PRP-A services via telehealth apply:

(a) Group PRP-A services shall be delivered in-person, not by telehealth;

(b) Group off-site PRP-A services provided in RRP residences to more than 8 individuals shall be delivered in person, not by telehealth; and

(c) Not more than 50 percent of any participant client's PRP services shall be provided via telehealth.

.06 PRP-A Licensure Process.

To be licensed as a PRP-A under this subtitle, an organization operating a PRP-A shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 PRP-A Site and Documentation Requirements.

An organization licensed as a PRP-A under this subtitle shall meet:

A. Site requirements in accordance with COMAR 10.63.05;

B. Documentation requirements in accordance with COMAR 10.63.04; and

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

10.63.21 Psychiatric Rehabilitation Program for Minors (PRP-M)

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 PRP-M Definitions.

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

B. Terms Defined.

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

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

(3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

(6) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.

- (7) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (8) "Contact note" means an entry that:
- (a) Is made in an individual's medical record by a program staff member; and
 - (b) Describes face-to-face, written, or telephone contact with or regarding the individual.
- (9) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (10) "Department" means the Maryland Department of Health.
- (11) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (12) "Hospital" has the meaning stated in Health-General Article §19-301, Annotated Code of Maryland.
- (13) Independent Practice Level.
- (a) "Independent practice level" means a behavioral health professional licensed under the Health Occupations Article who is providing behavioral health services according to the requirements of the appropriate professional board to diagnose and treat behavioral health disorders independent of formal supervision.
 - (b) "Independent practice level" does not include:
 - (i) Licensed graduate professional counselor;
 - (ii) Licensed graduate marriage and family therapist;
 - (iii) Licensed graduate art therapist;
 - (iv) Licensed graduate alcohol and drug counselor;
 - (v) Licensed master social worker;
 - (vi) Licensed certified social worker;
 - (vii) Registered psychology associate; or
 - (viii) Certified addiction counselors at any level.
- (14) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (15) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (16) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland
- (17) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (18) "Participant" means an individual receiving behavioral health services in a community-based program.
- (19) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (20) "Progress summary note" means an entry by an individual's treatment coordinator in the individual's medical record and that describes the individual's progress toward the goals delineated in the individual's ITP
- (21) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (22) "Psychiatrist" means a physician who:
- (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (23) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (24) Release.
- (a) "Release" means any type of discharge from the custody of a supervising authority.
 - (b) "Release" includes parole, probation, mandatory supervision release, work release, and any type of temporary leave except for leave that is granted on an emergency basis.
 - (c) "Release" does not include:
 - (i) Escape; or
 - (ii) A transfer among the Division of Correction, the Division of Pretrial Detention and Services, the Patuxent Institution, and local correctional facilities that does not result in the registrant's release into the community.
- (25) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.

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

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

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

.02 PRP-M Program Description.

An organization licensed under this subtitle to provide a Psychiatric Rehabilitation Program for Minors (PRP-M) shall be designed:

A. To reduce the impact of symptoms of mental illness or functional behavioral impairments as a result of their mental illness for program participants with serious emotional disturbance;

B. To prevent symptom deterioration, relapse, hospitalization, or rehospitalization for program participants at risk of needing higher levels of care.

C. Promote resilience including the skills and needed mind-set to restore a marked sense of health and well-being; and

D. Facilitate the development or restoration of appropriate skills in program participants including but not limited to:

(1) Developing and improving self-care skills, and social, peer, family, and educational engagement;

(2) Sustaining pro-social and self-regulatory skills for improving social, peer, family, and educational interactive engagement;

(3) Learning semi-independent living skills that are age appropriate, and enhance the participant's ability to accomplish activities of daily living and maintaining safety;

(4) Promoting meaningful opportunities for community access and integration, including developing natural supports and interests;

(5) Community living skills; and

(6) Educating and supporting parents or guardians regarding the participant's required services and supports.

.03 PRP-M Program Staffing Requirements.

A. An organization licensed under this subtitle to provide PRP-M Program services shall employ, at minimum, the staff in §§B—C of this regulation.

B. Rehabilitation Specialist.

(1) A rehabilitation specialist is dedicated program staff who:

(a) Shall meet the general staffing requirements in accordance with COMAR 10.63.03.02;

(b) May not perform duties at multiple program sites simultaneously in accordance with COMAR 10.63.03; and

(c) Shall meet the vacancy reporting requirements in accordance with COMAR 10.63.03.03.

(2) Rehabilitation Specialist Minimum Qualifications.

(a) A rehabilitation specialist shall at minimum have 2 years of direct care experience working with program participants that have a serious emotional disturbance.

(b) A rehabilitation specialist shall be licensed or certified as one of the following in accordance with Health Occupations Article, Annotated Code of Maryland:

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

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

(iii) A licensed mental health professional certified at the graduate level, receiving formal, documented supervision, in accordance with licensing board requirements, by a licensed mental health professional who has a Business Associate Agreement with the organization in accordance with 45 CFR §164.502;

(iv) A licensed occupational therapist;

(v) A registered nurse who meets the requirements of §B(2)(c) of this regulation;

(vi) A master's prepared rehabilitation counselor certified in the practice of rehabilitation counseling by the Commission on Rehabilitation Counselor Certification; or

(vii) A bachelor's prepared rehabilitation counselor certified by the Psychiatric Rehabilitation Association for PRP-M as a Certified Rehabilitation Practitioner-Child and Family Resiliency Practitioner.

(c) A rehabilitation specialist who is a Registered Nurse shall be licensed and in good standing in the State and shall either:

(i) Hold a psychiatric mental health nursing certification in accordance with the American Nurses Credentialing Center; or

(ii) Have, at minimum, a bachelor's degree in social work, counseling, rehabilitation, psychology, nursing, or a related field.

(3) Rehabilitation Specialist Roles and Responsibilities. A rehabilitation specialist shall:

(a) Provide clinical oversight;

(b) Provide oversight of all rehabilitation services;

(c) Be an employee of the program and not a self-employed independent contractor;

(d) Be immediately available in person to both staff and program participants during regular operating hours of the program;

(i) At least 20 hours per week when the program serves less than 30 program participants on its active monthly census of program participants; or

(ii) 40 hours per week when the program serves 30 program participants or more on its active monthly census.

(4) Rehabilitation Specialist Limitations. A rehabilitation specialist:

(a) Shall be limited to working in the Rehabilitation Specialist role for a maximum of 40 regularly scheduled hours totaled across all organizations in which the program participant is employed;

(b) May not be the primary treating therapist for any program participant; and

(c) Shall maintain responsibility for ensuring the quality of clinical care provided and compliance with applicable regulatory and accreditation standards.

(d) The average ratio of direct care staff to full-time rehabilitation specialist operating out of a licensed site, may not exceed 25 direct care staff full-time equivalents for one full-time rehabilitation specialist.

C. Direct Care Staff.

(1) Direct care staff shall:

(a) Meet the general staffing requirements in accordance with COMAR 10.63.03; and

(b) Meet the Allied Staff requirements in accordance with COMAR 10.63.03.11.

(2) Supervision. The PRP-M shall ensure that:

(a) All staff receive regular documented in-person supervision;

(b) There is at least one person qualified as a rehabilitation specialist for every 25 direct care staff, excluding the rehabilitation specialist, interns, consultants and volunteers; and

(c) There shall be at least one direct care staff full-time equivalent, excluding the rehabilitation specialist, interns, consultants and volunteers, for every 20 program participants on the active monthly census.

(3) Training. Staff shall receive documented training approved by the department within 90 days of employment in the following areas:

(a) Orientation to psychiatric rehabilitation;

(b) Mental Health First Aid or a similar program;

(c) Person-centered care planning; and

(d) Ethics and boundaries.

.04 PRP-M Service Initiation.

A. Referral. To initiate services a PRP-M shall receive a referral for service from:

(1) The program participant's treating licensed mental health professional;

(2) The program participant's treating psychiatrist or psychiatric nurse practitioner; or

(3) An inpatient facility, residential treatment center, juvenile detention center, or other residential treatment facility following the program participant's discharge or release.

B. Informed Consent and Notification A PRP-M program shall:

(1) Receive consent for services in accordance with COMAR 10.63.04.04;

(2) Provide the parent or guardian of the program participant all notifications and information regarding PRP-M services, unless the exceptions in Health-General Article, §20-104, Annotated Code of Maryland apply; and

(3) Document that the PRP-M program has informed the program participant and their parent or guardian received consent in writing that a PRP-M is a clinical skills-training program not a:

(a) Treatment program;

(b) Social program;

(c) Childcare program, or

(d) Mentoring program.

C. Service Location. A PRP-M shall:

(1) Provide services at the times and places, according to the needs of the participants served including but not limited to:

(a) The program's facility or office;

(b) The participant's home; and

(c) In the community; and

(2) Ensure that if the PRP-M provides services at a school, childcare program, or community center, that the PRP-M enters into an agreement with the principal or supervisor of the site that at a minimum states that:

(a) A PRP-M is a clinical skills-training program and not a:

(i) Treatment program;

(ii) Social program;

(iii) Childcare program, unless also licensed as a childcare program by the Maryland Office of Childcare; or

(iv) Mentoring program; and

(b) PRP-M services are only available to program participants who are in ongoing treatment for a mental health condition and are at risk of needing higher levels of care.

.05 PRP-M Program Services.

A. An organization licensed under this subtitle as a PRP-M shall provide the services in §§B—F of this regulation.

B. Comprehensive Rehabilitation Assessment.

(1) Conduct a comprehensive assessment in accordance with COMAR 10.63.04.05;

(2) Conduct an in person or telehealth audio video assessment within 10 business days of receipt by the program of a complete referral for PRP services in collaboration with the minor and the minor's parent or guardian, if appropriate, to:

(a) Assess the minor's rehabilitation service needs to include but not limited to:

- (i) Self-care skills;*
- (ii) Social, peer, family, and educational engagement and interaction skills;*
- (iii) Participation in psychiatric treatment;*
- (iv) Semi-independent living skills;*
- (v) Family support and resources;*
- (vi) Academic achievement;*
- (vii) Community and informal support systems; and*
- (viii) Adaptive equipment or resources;*

(b) As relevant, a review of the minor's:

- (i) Legal status and forensic history, if any; and*
- (ii) History of physical abuse, sexual abuse, or substance related disorder, if any*

(c) Willingness to participate in PRP-M services; and

(d) Determine the program's ability to address the needs identified by the assessment.

(3) If, following the assessment, the rehabilitation specialist determines that the program's services are not appropriate for a minor who has been referred, the rehabilitation specialist shall, in writing, promptly:

(a) Inform the minor and the parent or guardian, if appropriate, of the determination and the reason; and

(b) Provide the minor, and the parent or guardian, if appropriate, with recommendations for alternative services.

(4) Within 5 business days of the assessment conducted, unless the rehabilitation specialist has notified the minor and or the parent or guardian, if appropriate, of the determination under §B(3) of this regulation, the rehabilitation specialist shall notify the minor and the parent or guardian, if appropriate, whether the program:

(a) Accepts the minor and identifies a date that the program can initiate services to the minor;

(b) Will accept the minor, following an updated review of the minor eligibility status, when program capacity permits, and inform the minor of the:

(i) Minor's placement on a waiting list, if any; and

(ii) Estimated date services may be initiated; or

(c) Will accept the minor following their discharge or release from an inpatient facility, residential treatment center, juvenile detention center, or other residential treatment facility.

(d) If the minor is placed on a waiting list, the rehabilitation specialist shall discuss with the minor and, if appropriate, the minor's parent or guardian:

(i) The option of remaining on the program's waiting list until the date established under §B(4)(b)(ii) of this regulation; and

(ii) Alternative services that are available.

C. Individual Rehabilitation Plan.

(1) Within 20 business days of initiation of PRP-M services and based on the rehabilitation assessment described in §B of this regulation, the program participant's rehabilitation coordinator shall prepare an initial individual rehabilitation plan:

(a) In collaboration with:

(i) The program participant;

(ii) The parent or guardian, if appropriate; and

(iii) If appropriate and with proper consent, other mental health service providers, as available;

(b) That includes, at minimum:

(i) The program participant's presenting needs, strengths, rehabilitation expectations, and responsibilities;

(ii) A description of needed and desired program services and interventions and staff responsible for implementation;

(iii) A description of how the needed and desired skills and supports will help the program participant to be successfully maintained in the home or community, and manage the program participant's mental health condition;

(iv) Rehabilitation goals in measurable terms, and target dates for each goal; and

(v) If appropriate, identification of, recommendations for, and collaboration with, other services to support the program participant's rehabilitation, including but not limited to other behavioral health services, residential services, and somatic care; and

(2) Rehabilitation Plan Review. In accordance with the PRP-M's accreditation organization's standards, but at a minimum of every 6 months, the direct care staff, in consultation with the program participant, and the parent or guardian, if appropriate, shall:

(a) Review and record in the program participant's rehabilitation plan:

(i) The program participant's progress toward the accomplishment of identified rehabilitation goals;

(ii) Goal changes, based on a review of the program participant's progress;

(iii) Changes in interventions, as appropriate; and

(iv) Progress toward the reduction of functional behavioral impairments and restoration of specific age-appropriate skills;

(b) Communicate promptly the results of the review to:

(i) Relevant program staff;

(ii) The program participant's parent or guardian, if appropriate;

(iii) With proper consent, community mental health programs providing services to the program participant; and

(iv) With proper consent, the referring licensed mental health professional; and

(c) If the program participant's service needs change, provide and document in the program participant's record:

(i) The suggested changes in rehabilitation goals and services; and

(ii) Staffing and support services required by the change.

(3) Signature of the Individual Rehabilitation Plan and Reviews.

(a) The following shall sign agreement with the Individual Rehabilitation Plan and reviews:

(i) The program participant;

(ii) The rehabilitation specialist;

(iii) The program participant's rehabilitation coordinator; and

(iv) The program participant's parent or guardian, if appropriate.

(b) If the program participant is unable or unwilling to sign in agreement with the Individual Rehabilitation Plan reviews, the program participant's rehabilitation coordinator shall:

(i) Verify the program participant's verbal agreement with the Individual Rehabilitation Plan and reviews;

(ii) Document the rationale for the program participant's refusal to sign; and

(iii) Obtain the agreement and signature of agreement of the program participant's parent or guardian.

(c) If the program participant is receiving medication prescribed, with consent, the PRP shall provide the treating psychiatrist or psychiatric nurse practitioner with a copy of the program participant's initial IRP and reviews.

D. Skills Training. A PRP-M shall incorporate deliberate and consistent skills training, that at minimum, includes the following:

(1) Instruction and explanation;

(2) Skills training, demonstration, and modeling;

(3) Roleplay, guided practice, and skill rehearsal;

(4) Specific corrective feedback and positive reinforcement; and

(5) Ongoing prompting and cueing of learned skills to reinforce overlearning and promote skill generalization and maintenance.

E. Emergency Response. The PRP-M program shall ensure that:

(1) On-call and emergency response services are available to be provided by the rehabilitation specialist in person or via telehealth during the hours of operation of the program; and

(2) By telephone, on an on-call basis, during the hours the PRP-M is not operational;

(3) Through the PRP, or by assisting the program participant to access, as appropriate, behavioral health crisis stabilization services, Mobile Crisis Response services, Residential Crisis Services, hospitals, and other service providers which are designated to provide crisis and emergency care and treatment; and

(4) If emergency medical care is necessary during the PRP-M's hours of operation, all relevant staff shall:

(a) Have access to the names, addresses, and telephone numbers of providers, including the hospital, that are designated to provide emergency care and treatment to the program participants served; and

(b) Be appropriately trained to link program participants to emergency care, as needed.

F. Linkage with a Program Participant in a Psychiatric Inpatient Facility, Residential Treatment Center, or Juvenile Detention Center.

(1) If a program participant who is enrolled in a program is admitted to a psychiatric inpatient facility, residential treatment center, or detention center, the PRP-M Staff shall make reasonable efforts to maintain ongoing communication with the program participant and the program participant's inpatient treatment team.

(2) To the degree permitted by the setting, PRP-M staff serving the program participant shall participate in aftercare or release planning from that setting.

.06 PRP-M Licensure Process.

To be licensed as a PRP-M under this subtitle, an organization operating an PRP-M shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 PRP-M Site and Documentation Requirements.

A. An organization licensed as a PRP-M under this subtitle:

(1) Shall meet site requirements in accordance with COMAR 10.63.05;

(2) Ensure that if a PRP-M provides services to both minors and adults, the program activities for minors are separate from program activities for adults, unless the adult receiving PRP services is a parent or caregiver of the minor; and

(3) Shall meet the documentation requirements in accordance with §B of this regulation.

B. Documentation Requirements. A PRP-M shall:

(1) Meet the documentation requirements in accordance with COMAR 10.63.04.

- (2) Document in the program participant's medical record:
- (a) Pertinent past and current medical history including:
 - (i) The program participant's somatic health problems, if any;
 - (ii) Relevant medical treatment, including medications; and
 - (iii) Needed somatic care follow-up, if any; and
 - (iv) If the program participant does not have a primary care provider, and, if indicated, the individual rehabilitation plan, note the time frame, for the program participant's referral to a primary care provider for evaluation and treatment;
 - (v) If indicated, the program participant's rehabilitation coordinator shall document and communicate with the program participant's primary care provider; and
 - (vi) If indicated, the program participant's rehabilitation coordinator shall discuss with the program participant, and the parent or guardian, if appropriate, the need for medical care and facilitate access to said care.
 - (b) Contact notes for each contact with or about the program participant, including at minimum:
 - (i) The date;
 - (ii) The start and end time of services, if not documented in a readily accessible billing document;
 - (iii) The reason for the visit;
 - (iv) The delivery of services specified by the IRP;
 - (v) A brief description of the service provided; and
 - (vi) A legible signature, which may include an electronic signature, and printed or typed name of the program staff member providing care, with the appropriate title.
 - (c) Monthly summary notes which shall, at minimum, each month, document a monthly progress summary note that includes:
 - (i) The staff member's assessment of the program participant's progress toward goal achievement in measurable terms;
 - (ii) The program participant's assessment of progress toward goal achievement; and
 - (iii) Justification for the need for ongoing PRP-M services.
 - (iv) Documentation of any significant changes or events, including hospitalizations, that affect the program participant's rehabilitation.
- (3) Maintain records of time and hours worked for the rehabilitation specialist and all staff providing direct care.

10.63.22 Respite Care Services

Authority: Health-General Article, §§10-901 and 10-902, Annotated Code of Maryland

.01 Respite Care Services Program Definitions.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (3) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (4) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (5) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (6) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (7) "Department" means the Maryland Department of Health.
- (8) "Guardian" has the meaning stated in Estates and Trusts Article, §13-101, Annotated Code of Maryland.
- (9) "Hospital" has the meaning stated in Health-General Article §19-301, Annotated Code of Maryland.
- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) Local Authority.
 - (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
 - (b) "Local authority" includes the:
 - (i) Core service agency as defined in Health General Article, §7.5-101(g), Annotated Code of Maryland;
 - (ii) Local addictions authority as defined in Health General Article, §7.5-101(j), Annotated Code of Maryland; and
 - (iii) Local behavioral health authority as defined in Health General Article, §7.5-101(k), Annotated Code of Maryland.
- (12) "Medically necessary" means a service or benefit that is:

- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
 - (b) Consistent with current accepted standards of good medical practice;
 - (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
 - (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (13) *Mental Disorder.*
- (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
 - (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
 - (c) "Mental disorder" does not include an intellectual disability.
- (14) *"Mobile Treatment Services (MTS) Program" means a program organized to provide intensive, assertive mental health treatment and support services delivered by a multidisciplinary treatment team to an adult or a minor whose mental health treatment needs have not been met through routine, traditional outpatient mental health programs.*
- (15) *"Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.*
- (16) *"Participant" means an individual receiving behavioral health services in a community-based program.*
- (17) *"Primary caretaker" means the:*
- (a) Child's custodial parent or parents;
 - (b) Adult with whom the child currently resides; or
 - (c) Legal guardian.
- (18) *"Privileging" means the process by which a program determines that staff members are qualified to perform assigned duties*
- (19) *"Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.*
- (20) *"Program" means a named set of services operated by an organization inclusive of:*
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (21) *"Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.*
- (22) *"Psychiatrist" means a physician who:*
- (a) Is licensed by the Maryland Board of Physicians; and
 - (b) Is either:
 - (i) Certified in psychiatry by the American Board of Psychiatry and Neurology; or
 - (ii) Has completed the minimum educational and training requirements to be qualified to take the Board of Psychiatry and Neurology examination for certification in psychiatry.
- (23) *"Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.*
- (24) *"Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.*
- (25) *"Serious and persistent mental illness" means a mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to meet the ordinary demands of life, and that may lead to an inability to maintain independent functioning in the community without intensive treatment and support.*
- (26) *"Site" means the location where the organization operates the program as detailed on the program's license.*
- (27) *"Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.*

.02 Respite Care Program Description.

A. An organization licensed under this subtitle to provide Respite Care Services shall provide respite care services for:

- (1) An adult who has serious and persistent mental illness and who lives:
 - (a) Independently;
 - (b) In a family-like setting; or
 - (c) In a residential rehabilitation program (RRP) under the provisions of COMAR 10.63.33; or
- (2) A minor who has a serious emotional disturbance and who lives:
 - (a) With a parent, guardian, or other primary caretaker in a family-like home; or
 - (b) In a foster home under the provisions of:
 - (i) COMAR 07.02.11; or
 - (ii) COMAR 07.02.21.

B. A Respite Care Services program shall be provided in a community-based setting designed to support a program participant to remain in the program participant's home by:

- (1) Providing the program participant with enhanced support or a temporary alternative living situation; or*
- (2) Assisting the program participant's home caregiver by temporarily freeing the caregiver from the responsibility of caring for the program participant.*

C. A Respite Care program shall be operated by an organization licensed as:

- (1) An Outpatient Mental Health Center, in accordance with COMAR 10.63.16; or*
- (2) A Psychiatric Rehabilitation Program, in accordance with COMAR 10.63.20.*

.03 Respite Care Program Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide Respite Care Services shall employ, at minimum:

- (1) The staff in §§B and C of this regulation; and*
- (2) Sufficient staff to provide services 24 hours per day, 7 days per week in accordance with §D of this regulation.*

B. Program Director.

(1) A Respite Care Services program shall have a program director who is:

(a) The program director of a mobile treatment services program, outpatient mental health center, or psychiatric rehabilitation program licensed under this subtitle and is able to carry out the respite care program director's duties; or
(b) Appointed by the program director of a mobile treatment services program, outpatient mental health center, or psychiatric rehabilitation program licensed under this subtitle and has sufficient qualifications, knowledge, and experience to execute the duties of the position.

(2) A Respite Care Services program director shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and*
- (b) The program director requirements in accordance with COMAR 10.63.03.07.*

C. Respite Care Specialist. The respite care specialist shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;*
- (2) Meet the qualifications for a rehabilitation specialist in accordance with COMAR 10.63.20—21;*
- (3) Before providing services, have training applicable to the service, including, at minimum, training in:*
 - (a) Mental illness and emotional disorders;*
 - (b) Psychiatric medications;*
 - (c) Crisis intervention;*
 - (d) Family interactions;*
 - (e) Wellness management and recovery;*
 - (f) Trainings outlined in COMAR 10.63.03.04; and*
 - (g) For staff who provide services to minors:*
 - (i) Growth and development; and*
 - (ii) Behavioral intervention; and*

(4) As permitted under Health Occupations Article, Annotated Code of Maryland, and as privileged by the Respite Care Services program, be available to carry out the activities outlined in a program participant's respite care plan.

D. The Respite Care Services program shall employ a sufficient number of staff who have sufficient qualifications and experience to carry out the duties of the position, as determined by the program director.

.04 Respite Care Services Program Services.

A. Services for Adult Program Participants. A Respite Care Services program serving program participants 18 years old or older who are not youths in the care of the State, shall provide services that are:

- (1) Medically necessary;*
- (2) Short-term;*
- (3) Out-of-home or overnight; and*
- (4) Delivered to an adult with a mental illness who lives independently, with family, in a family-like setting, or in a residential rehabilitation program licensed under this subtitle.*

B. Services for Program Participants Under Age 21. A Respite Care Services program serving individuals younger than 21 years old may offer overnight respite in a treatment foster care home.

C. Referral to Respite Care Services. The following may refer a program participant for Respite Care Services:

- (1) The program participant;*
- (2) The program participant's caregiver; and*
- (3) An agency providing mental health treatment or support services to the program participant.*

D. Screening Services. Within 5 business days upon receipt of a referral for respite care, the Respite Care Services program director shall ensure that respite care staff:

- (1) Conducts a screening assessment with the:*
 - (a) Program participant for whom respite care services are requested;*
 - (b) Program participant's caregiver or significant other, if any; and*
 - (c) Referral source, if any;*

(2) Evaluates whether the respite care is needed at a specific future time, immediately, or intermittently;
(3) Outlines, in consultation with the program participant and the program participant's caregiver, a preliminary plan, including the schedule for respite care, for the services to be provided;

(4) Documents, based on consultation with the program participant and the program participant's caregiver and, if applicable, the referral source:

(a) The expected duration of the respite care;

(b) The frequency, level, and type of on-call or on-site respite care services staff contacts needed; and

(c) Any medications that are prescribed for the individual, if applicable; and

(5) Informs the program participant and the program participant's caregiver of the rules for the respite care episode.

E. *Wellness Management and Recovery Services.* Upon acceptance of the program participant, a Respite Care Services program shall provide 24 hours per day, 7 days per week wellness management and recovery support services that are individually determined based on an assessment of:

(1) The program participant's and the program participant's caregiver's strengths and needs; and

(2) Interventions needed by the program participant during respite.

F. *Documentation Services.* In order to ensure continuity of care, a Respite Care Services program shall document information regarding, at minimum, the program participant's participation in:

(1) Outpatient mental health treatment;

(2) Psychiatric rehabilitation;

(3) School;

(4) Work; and

(5) Other scheduled activities.

G. *Coordination of Crisis and Emergency Services.*

(1) A Respite Care Services program shall coordinate access, as appropriate to emergency services, to include behavioral health crisis stabilization center services, mobile crisis response services, residential crisis services, hospital services, and other service providers that are designated to provide crisis and emergency care and treatment.

(2) If emergency medical care is necessary during out of home or overnight care Respite Care Services staff shall:

(a) Have access to the names, address, and telephone numbers of the provider, including the hospital, that is designated to provide emergency care and treatment to program participants; and

(b) Be appropriately trained to link program participants to emergency care, as needed.

H. *Planned Conclusion of Respite Episode.* At the agreed upon time of conclusion of a respite care episode, the program director shall ensure that Respite Care Services staff document a summary of the episode in the program participant's record in accordance with COMAR 10.63.XX.

I. *Discontinuation of Respite Services.*

(1) If a program participant elects to discontinue services before the planned conclusion of a respite episode, as described in §H of this regulation, the Respite Care Services program director shall:

(a) Promptly notify the program participant's caregiver or designated emergency contact;

(b) If the individual is a minor, discharge the minor only to an adult who is legally responsible for the minor;

(c) Notify regarding the action the:

(i) Appropriate local authority; and

(ii) Administration's ASO; and

(d) Ensure that Respite Care Services program staff document a summary of the episode in the individual's record in accordance with COMAR 10.63.04.

(2) *Respite Care Services Program's Recommendation to Discontinue Services.* If the Respite Care Services program director recommends discharging a program participant who does not comply with the program's rules or for whom the program's services are not appropriate, the program director shall follow the requirements of §I(1) of this regulation.

.05 Respite Care Services Program Licensure Process.

To be licensed as a Respite Care Services program under this subtitle, an organization operating a Respite Care Services program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 Respite Care Services Program Site and Documentation Requirements.

An organization licensed as a Respite Care Services program under this subtitle shall meet:

A. Site requirements in accordance with COMAR 10.63.05; and

B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.23 Supported Employment Program (SEP)

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 SEP Definitions.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (3) "Department" means the Maryland Department of Health.
- (4) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (5) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (6) "Participant" means an individual receiving behavioral health services in a community-based program.
- (7) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (8) "Program" means a named set of services operated by an organization inclusive of:
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (9) "Site" means the location where the organization operates the program as detailed on the program's license.

.02 SEP Description.

An organization licensed under this subtitle to provide SEP services shall be:

A. Designed to allow program participants to obtain competitive employment in an integrated work environment that provides:

- (1) Compensation to program participants of at least minimum wage;
- (2) An individualized approach that establishes an hours-per-week employment goal to maximize a program participant's vocational potential;
- (3) Additional supports, as needed, delivered where appropriate; and
- (4) Transitional employment placements, as appropriate; and

B. Licensed as a PRP in accordance with COMAR 10.63.20 or 10.63.21.

.03 SEP Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide SEP services shall employ, at minimum:

- (1) A program director in accordance with §B of this regulation; and
- (2) An employment specialist in accordance with §C of this regulation.

B. Program Director.

- (1) A licensed SEP shall have a program director who shall:
 - (a) Be available to provide SEP administration and staff supervision;
 - (b) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (c) Meet the program director requirements in accordance with §B of this regulation;
 - (d) Meet the qualifications of a rehabilitation specialist in accordance with COMAR 10.63.03.10; and
 - (e) Be certified as either:
 - (i) An Individual Placement and Support (IPS) practitioner by the IPS Employment Center; or
 - (ii) An Employment Support Professional by the Association of People Supporting Employment First.

(2) In lieu of the requirements set forth under §B(1)(c) and (e) of this regulation, the SEP program director may substitute at least three years of experience in a supervisory role.

(3) The SEP program director may also serve as an employment specialist.

C. Employment Specialists.

(1) A licensed SEP shall have a sufficient number of employment specialists to provide SEP services.

(2) The employment specialist to program participants served ratio may not exceed one full-time employment specialist to 20 program participants on the SEP's active caseload.

(3) Training Upon Hire. Within 90 days of employment, the SEP shall ensure that each employment specialist receives documented training approved by the Administration in the following areas:

- (a) All training required under COMAR 10.63.03.04;
- (b) Orientation to supported employment;
- (c) Person-centered care planning; and
- (d) Sexual abuse awareness and prevention in accordance with COMAR 10.01.18.

(4) Annual Training. The SEP shall ensure that each employment specialist receives at least six contact hours per year of training approved by the Administration on:

- (a) Benefits counseling; and
- (b) Work incentives.

.04 SEP Program Services.

A. An SEP shall provide the following services:

- (1) Pre-placement services;
- (2) Job development;
- (3) Intensive job coaching;
- (4) Ongoing employment support services;
- (5) A work-based assessment in accordance with §B of this regulation;
- (6) An individualized supported employment plan in accordance with §C of this regulation; and
- (7) Employer contact, if applicable, in accordance with §D of this regulation.

B. Work-based Assessment.

(1) An SEP shall provide services that are based on a comprehensive, person-centered, work-based assessment of the program participant's:

- (a) Employment history;
- (b) Interests; and
- (c) Skills.

(2) The work-based assessment may be completed prior to or in conjunction with the development of an individualized supported employment plan.

C. Individualized Supported Employment Plan.

(1) An SEP shall develop an individualized supported employment plan for each program participant in accordance with §C(2) of this regulation.

(2) An individualized supported employment plan shall:

(a) Be based on the program participant's changing needs and employment status as derived from the assessment conducted under §B of this regulation;

(b) Be completed within 30 calendar days of admission; and

(c) Include the program participant's:

- (i) Interests;
- (ii) Preferences;
- (iii) Functional skills;
- (iv) Resources; and
- (v) Functional needs; and

(3) Be updated at least every six months to include, at minimum, for the program participant, any:

- (a) Job acquisition;
- (b) Job loss;
- (c) Change in position; or
- (d) Career advancement.

D. Authorization to Disclose.

(1) A program participant may provide authorization to the SEP to disclose their disability to their employer.

(2) If the program participant has given authorization to the program to disclose the participant's disability to their employer, SEP services shall include a minimum of one monthly contact with the participant's employer.

.05 SEP Cooperative Agreement.

A. Prior to providing services, an SEP shall establish and maintain an active and fully executed cooperative agreement with the Maryland State Department of Education Division of Rehabilitation Services (DORS) to be eligible for supported employment authorization and reimbursement.

B. An SEP may not procure or support any program-sponsored employment of program participants.

.06 SEP Licensure Process.

To be licensed as an SEP under this subtitle, an organization operating an SEP shall:

A. Meet the licensing requirements in accordance with COMAR 10.63.06; and

B. Be licensed as a Psychiatric Rehabilitation Program for Adults in accordance with COMAR 10.63.20.

.07 SEP Site and Documentation Requirements.

An organization licensed as an SEP under this subtitle shall meet:

A. Site requirements in accordance with COMAR 10.63.05;

B. Documentation requirements in accordance with COMAR 10.63.04; and

C. PRP for adults requirements in accordance with COMAR 10.63.20.

10.63.24 Substance-Related Disorder Treatment Program in a Correctional Facility

Authority: Health-General Article, §§2-104(b), 8-401— 8-405 and 19-308, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

- (1) "Accreditation organization" means a private entity that conducts inspections and surveys of health care facilities or health care staff agencies based on nationally recognized and developed standards that is approved by the Secretary in accordance with Health General Article, §19-2302, Annotated Code of Maryland.
- (2) "Accreditation" means the approval granted to a program by an accreditation organization.
- (3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (4) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (5) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (6) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.
- (7) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (8) Correctional Facility.
- (a) "Correctional facility" has the meaning stated in the Correctional Services Article, § 1-101, Annotated Code of Maryland.
- (b) "Correctional facility" includes a:
- (i) Jail;
 - (ii) Detention center;
 - (iii) Prison; or
 - (iv) Correctional halfway house.
- (9) "Department" means the Maryland Department of Health.
- (10) "Group therapy-counseling" means treatment procedures provided simultaneously to two or more patients that:
- (a) Require constant attendance, but not one-on-one contact by the therapist; and
 - (b) Can be, but need not be, the same treatment procedures.
- (11) "Individual treatment plan (ITP)" means a treatment plan prepared for an individual in an inpatient facility according to the requirements outlined in Health-General Article, §10-706, Annotated Code of Maryland, and COMAR 10.21.03.
- (12) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (13) "Opioid Treatment Program Services" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and
 - (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
 - (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (14) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (15) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (16) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (17) Release.
- (a) "Release" means any type of discharge from the custody of a supervising authority.
 - (b) "Release" includes parole, probation, mandatory supervision release, work release, and any type of temporary leave except for leave that is granted on an emergency basis.
 - (c) "Release" does not include:
 - (i) Escape; or
 - (ii) A transfer among the Division of Correction, the Division of Pretrial Detention and Services, the Patuxent Institution, and local correctional facilities that does not result in the registrant's release into the community.
- (18) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.

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

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

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

.02 SRD Treatment Program in a Correctional Facility Program Description.

An organization licensed under this subtitle to operate an SRD treatment program in a correctional facility shall provide services in accordance with one of the following ASAM Levels of Care:

- A. Outpatient Treatment Program Level 1;
- B. Intensive Outpatient Treatment Program Level 2.1;
- C. Opioid Treatment Program;
- D. Level 3.1 Clinically Managed Low-Intensity Residential Services Program; or
- E. Level 3.5 High-Intensity Residential Services Program.

.03 SRD Treatment Program in a Correctional Facility Staffing Requirements.

An organization licensed as an SRD treatment program in a correctional facility shall meet one of the following staffing requirements:

- A. Outpatient Treatment Program Level 1 in accordance with COMAR 10.63.17;
- B. Intensive Outpatient Treatment Program Level 2.1 in accordance with COMAR 10.63.13;
- C. Opioid Treatment Program in accordance with COMAR 10.63.35;
- D. Level 3.1 Clinically Managed Low-Intensity Residential Services Program in accordance with COMAR 10.63.29; or
- E. Level 3.5 High-Intensity Residential Services Program in accordance with COMAR 10.63.31.

.04 SRD Treatment Program in a Correctional Facility Services.

A. An organization licensed under this subtitle to provide an SRD treatment program shall provide the services in §§B—F of this regulation.

B. Comprehensive Assessment Services.

(1) An SRD treatment program in a correctional facility shall provide assessment and treatment to inmates in a correctional facility who require treatment for substance-related disorder while housed at the institution.

(2) An SRD treatment program in a correctional facility shall complete a comprehensive assessment in accordance with COMAR 10.63.04.03E.

(3) The comprehensive assessment in A(2) shall include identification of appropriate ASAM Level of Care within:

- (a) 20 days of admission for Outpatient Level 1 Program and Level 3.1 Clinically Managed Low-Intensity Residential Services Program;
- (b) 10 days of admission for Intensive Outpatient Level 2.1 Program;
- (c) 2 days of admission for Level 3.5 High-Intensity Residential Services Program and Opioid Treatment Program; or
- (d) As permitted by the correctional facility's policy.

C. Individual Care Plan.

(1) An SRD treatment program in a correctional facility shall complete an individual care plan in accordance with COMAR 10.63.04.03H within 10 days of the completion of the comprehensive assessment.

(2) An individualized care plan shall be updated in accordance with the program's accreditation organization's standards, or at a minimum every 30 days.

(3) If the substance use related counselor is unable to develop a care plan or complete a care plan update within the required time, the clinical supervisor shall:

- (a) Determine the reason for the delay in the development of the care plan;
- (b) Document the reason in the inmate's record; and
- (c) Ensure the development of a care plan within 5 business days of documentation of the delay.

D. Counseling Services.

(1) An SRD treatment program in a correctional facility shall provide and document counseling services in accordance with COMAR 10.63.04.

(2) An SRD treatment program in a correctional facility shall provide:

- (a) At least one group counseling session a week; and
- (b) At least one individual counseling session every two weeks.

E. Referral Services. An SRD treatment program in a correctional facility shall have available through referral the following at the time of the inmate's release from the institution:

- (1) Medical services;
- (2) Services through the Division of Rehabilitation Services;
- (3) Vocational assistance;
- (4) Mental health services;
- (5) Substance related disorder treatment programs;
- (6) Legal assistance; and

(7) Social services.

F. Medical Services. An SRD treatment program in a correctional facility providing Level 3.5 or OTP services shall have sufficient medical services to:

- (1) Provide initial diagnostic work-up;
- (2) Provide identification of medical and surgical problems for referral; and
- (3) Handle medical emergencies associated with withdrawal symptoms when necessary.

.05 SRD Treatment Program in a Correctional Facility Licensure Process.

To license an SRD treatment program in a correctional facility, an organization shall meet the licensing requirements in accordance with COMAR 10.63.06.

.06 SRD Treatment Program in a Correctional Facility Site and Documentation Requirements.

A. An organization licensed as an SRD treatment program in a correctional facility under this subtitle shall meet site requirements in accordance with COMAR 10.63.05.

B. Level 3.1 Clinically Managed Low-Intensity Residential Services. Inmates receiving Level 3.1 Clinically Managed Low-Intensity Residential Services shall be housed:

- (1) Together in a prerelease center or a correctional halfway house; and
- (2) Separately from inmates not receiving this level of treatment.

C. Level 3.5 High Intensity Residential Services. Inmates receiving Level 3.5 High Intensity Residential Services shall be housed separately from inmates not receiving this level of treatment.

D. Documentation. An organization licensed as an SRD treatment program in a correctional program under this subtitle shall meet documentation requirements in accordance with COMAR 10.63.04.

10.63.25 Group Homes for Adults with Mental Illness

Authority: Health-General Article, §§2-104(b), 10-514 — 10-524, and 10-604, Annotated Code of Maryland

.01 Group Homes for Adults with Mental Illness Definitions.

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

B. Terms Defined.

(1) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.

(2) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

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

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

(7) Local Authority.

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

(b) "Local authority" includes the:

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

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

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

Maryland.

(8) Mental disorder.

(a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.

(b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.

(c) "Mental disorder" does not include an intellectual disability.

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

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

(11) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

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

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

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

.02 Group Homes for Adults with Mental Illness Description.

A. An organization licensed under this subtitle to operate a group home for adults with mental illness shall provide residential services to group home participants who:

(1) Have been or are under treatment for a mental disorder;

(2) Because of the mental disorder, require residential services for assistance and support in community living;

(3) Have the ability to understand and state, in writing, willingness to comply with the rules and regulations of the group home; and

(4) Are able to take appropriate action, under emergency conditions, for self-preservation.

B. A licensed group home for adults with mental illness shall meet the requirements of:

(1) This chapter;

(2) A psychiatric rehabilitation program for adults under COMAR 10.63.20; and

(3) A residential rehabilitation program under COMAR 10.63.33.

.03 Group Homes for Adults with Mental Illness Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to operate a group home for adults with mental illness shall employ, at minimum:

(1) A program director in accordance with §B of this regulation;

(2) A clinical director in accordance with §C of this regulation;

(3) A psychiatric rehabilitation specialist in accordance with §D of this regulation;

(4) A licensed clinical supervisor in accordance with §E of this regulation;

(5) Substance related disorder clinical staff in accordance with §F of this regulation; and

(6) Direct care staff in accordance with §G of this regulation.

B. Program Director. The program director shall meet:

(1) The general staffing requirements in accordance with COMAR 10.63.03; and

(2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. The clinical director shall meet:

(1) The general staffing requirements in accordance with COMAR 10.63.03 and

(2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Psychiatric Rehabilitation Specialist. The psychiatric rehabilitation specialist shall meet:

(1) The general staffing requirements in accordance with COMAR 10.63.03; and

(2) The psychiatric rehabilitation specialist requirements in accordance with COMAR 10.63.03.10.

E. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

(a) The general staffing requirements in accordance with COMAR 10.63.03; and

(b) One of the conditions in §E(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

(a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or

(b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.14.

F. Substance-Related Disorder Clinical Staff. Clinical staff shall meet:

(1) The general staffing requirements in accordance with COMAR 10.63.03;

(2) The substance-related disorder clinical staff requirements in accordance with COMAR 10.63.14; and

(3) The case load requirements in accordance with §H of this regulation.

G. Direct Care Staff. Direct care staff shall:

(1) Meet the general staffing requirements in accordance with COMAR 10.63.03.12; and

(2) Be responsible for implementing the rehabilitative activities outlined in the group home participant's individual care plan or individual rehabilitation plan.

.04 Group Home for Adults with Mental Illness Services.

A. A group home for adults with mental illness shall provide a home-like, supportive residential environment:

- (1) In a small group home, which provides services for more than 3 group home participants, but not more than 9 group home participants; or
- (2) In a large group home for at least 10 group home participants, but not more than 16 group home participants.
- B. A group home for adults with mental illness may not provide services for group home participants with a primary diagnosis of developmental disability.
- C. A group home for adults with mental illness shall ensure that services:
 - (1) Meet the current needs of the group home participant;
 - (2) Promote the group home participant's ability to engage and participate in appropriate community activities; and
 - (3) Are in a supportive environment that enables the group home participant to develop the daily living skills needed for independent functioning.
- D. Participant Discharge and Discontinuation of Services.
 - (1) Discharge Process. The program director shall:
 - (a) Collaborate with the appropriate local authority to:
 - (i) Arrange for a group home participant's discharge from the group home for adults with mental illness when services are no longer authorized; and
 - (ii) Discontinue residential services to a group home participant whose clinical needs exceed the group home for adults with mental illness' ability to secure the safety and welfare of the group home participant or others;
 - (b) Provide the criteria for discontinuation of services to the appropriate local authority; and
 - (c) Identify progressive steps and interventions that the group home for adults with mental illness will enact before the discontinuation of services.
 - (2) Discharge Policies and Procedures. The group home for adults with mental illness shall maintain clearly written policies and procedures for the process for discharge from the group home participants which shall address the:
 - (a) Provision of written notice of the discontinuation to group home participants;
 - (b) Provision of information about appropriate alternative services to the group home participant, when possible;
 - (c) Arrangement for outreach, by staff, to encourage the group home participant to access appropriate services, when authorized; and
 - (d) Completion of a discharge summary in accordance with COMAR 10.63.04.

.05 Group Home for Adults with Mental Illness Licensure Process.

To be licensed as a group home for adults with mental illness under this subtitle, an organization operating a group home for adults with mental illness shall meet:

- A. The licensing requirements in accordance with COMAR 10.63.06;
- B. The requirements of a licensed psychiatric rehabilitation program in accordance with COMAR 10.63.20; and
- C. The requirements of a licensed residential rehabilitation program in accordance with COMAR 10.63.33.

.06 Group Home for Adults with Mental Illness Site and Documentation Requirements.

An organization licensed as a group home for adults with mental illness under this subtitle shall:

- A. Meet the documentation requirements in accordance with COMAR 10.63.04;
- B. Ensure that its sites comply with Health-General Article, §§8-406 and 10-518, Annotated Code of Maryland, as follows:
 - (1) A small halfway house or group home is considered conclusively a single-family dwelling for purposes of zoning, and may be located in all residential zone;
 - (2) A large halfway house or group home is considered conclusively a multi-family dwelling for purposes of zoning and may be located in zones of similar density; and
 - (3) A halfway house or a group home may not be made subject to any special exception, conditional use permit, or procedure that differs from that required for a single-family dwelling or a multi-family dwelling of similar density in the same zone.

10.63.26 Mental Health Residential Crisis Services Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, Annotated Code of Maryland, Annotated Code of Maryland

.01 Definition.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (2) Allied Health Staff.
 - (a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.
 - (b) "Allied health staff" includes, but is not limited to:
 - (i) Rehabilitation workers;
 - (ii) Direct service staff;

- (iii) *Non-certified peer recovery specialists;*
 - (iv) *Community health workers;*
 - (v) *Health educators;*
 - (vi) *Counselor aides; and*
 - (vii) *Group living workers.*
- (3) *"Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.*
- (4) *"Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.*
- (5) *"Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.*
- (6) *"Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.*
- (7) *"Crisis" means an event that produces mental, physical, emotional, and behavioral distress.*
- (8) *"Department" means the Maryland Department of Health.*
- (9) *Dietary Services.*
- (a) *"Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.*
 - (b) *"Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.*
- (10) *"Hospital" has the meaning stated in Health-General Article §19–301, Annotated Code of Maryland.*
- (11) *"Individual treatment plan (ITP)" means a treatment plan prepared for an individual in an inpatient facility according to the requirements outlined in Health-General Article, §10-706, Annotated Code of Maryland, and COMAR 10.21.03.*
- (12) *"License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.*
- (13) *"Licensed mental health professional" means:*
- (a) *A psychiatrist; or*
 - (b) *A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.*
- (14) *"Medically necessary" means a service or benefit that is:*
- (a) *Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;*
 - (b) *Consistent with current accepted standards of good medical practice;*
 - (c) *The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and*
 - (d) *Not primarily for the convenience of the participant, family, provider, or organization.*
- (15) *Medication Monitoring.*
- (a) *"Medication monitoring" means:*
 - (i) *Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and*
 - (ii) *As needed, reviewing the individual's existing medication regimen with the appropriate physician.*
 - (b) *"Medication monitoring" does not mean:*
 - (i) *Prescribing medication;*
 - (ii) *Measuring or pouring medicine;*
 - (iii) *Preparation of a syringe for injection; or*
 - (iv) *Administration of medication.*
- (16) *"Mental Health Program" has the meaning stated in Health-General Article, §7.5–101, Annotated Code of Maryland.*
- (17) *"Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.*
- (18) *"Participant" means an individual receiving behavioral health services in a community-based program.*
- (19) *"Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.*
- (20) *"Program" means a named set of services operated by an organization inclusive of:*
- (a) *A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;*
 - (b) *A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;*
 - (c) *An addictive disorders program; and*
 - (d) *A combination of (a)—(c).*
- (21) *"Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.*
- (22) *"Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals.*

- (23) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (24) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (25) "Site" means the location where the organization operates the program as detailed on the program's license.
- (26) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (27) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (28) "Treatment plan" has the meaning stated in Health-General Article §10-6A-01, Annotated Code of Maryland.

.02 Mental Health Residential Crisis Services Program Description.

A. An organization licensed under this subtitle to provide a Mental Health Residential Crisis Services (MH-RCS) program shall be designed to:

- (1) Prevent psychiatric inpatient admissions;
- (2) Shorten the length of an inpatient stay;
- (3) Reduce crisis admissions to acute general hospital emergency departments; or
- (4) Provide an alternative to psychiatric inpatient admission, including:
 - (a) Short-term mental health treatment and support services in a structured residential environment for individuals who require 24-hour supervision due to a psychiatric crisis;
 - (b) Crisis intervention and stabilization services; and
 - (c) Brief treatment, care coordination, case management, medication monitoring, and recovery services.

B. An organization licensed under this subtitle to provide Mental Health Residential Crisis services shall cooperate and fulfill Administration requests related to participating in the state care traffic control bed registry and referral system and must fully participate in the system once it is operational.

.03 MH-RCS Program Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide an MH-RCS program shall employ, at minimum, the staff in §§B—D of this regulation.

B. Program Director. A program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Program Lead.

- (1) Minimum Qualifications. An MH-RCS program shall have a program lead who shall:
 - (a) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
 - (b) Meet one of the conditions in §C(2) of this regulation; and
 - (c) Have 2 years of experience providing or supervising crisis services before the program lead's date of hire.
- (2) An MH-RCS program lead shall meet either:
 - (a) The licensed mental health professional requirements in accordance with COMAR 10.63.03.09; or
 - (b) The rehabilitation specialist requirements in accordance with COMAR 10.63.03.10.
- (3) Responsibilities. An MH-RCS program lead shall:
 - (a) Provide administrative, clinical, operational, and programmatic oversight of the MH-RCS program;
 - (b) Be on-site at each approved residence or site for 10 hours or more per week; and
 - (c) Based upon clinical acuity and if requested by on-duty staff, arrive at the approved residence or site within 1 hour of a request.

D. Allied Health Staff.

- (1) An MH-RCS shall have allied health staff who shall meet:
 - (a) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (b) The allied health staff requirements in accordance with COMAR 10.63.03.12.
- (2) An MH-RCS shall have at least one allied health staff on-site:
 - (a) At all times when a program participant is on-site at the mental health residential crisis services facility; and
 - (b) When required by a program participant's treatment plan to provide 24-hour awake on-site staff support.

E. Dedicated Staff. An MH-RCS dedicated staff coverage shall not be shared across programs or services co-located at the same site.

F. Case Load Requirements. An MH-RCS program shall ensure the capacity for:

- (1) 1 staff to 4 program participants coverage at all times; and
- (2) When required by a program participant's individual treatment plan, 1 staff to 1 participant coverage.

.04 MH-RCS Program Services.

A. At minimum, an MH-RCS program shall provide the following services:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) Medication services in accordance with §B of this regulation;
- (4) Crisis services in accordance with §C of this regulation;

- (5) Treatment planning and care coordination in accordance with §D of this regulation; and
- (6) Nutrition and dietary services, if applicable.

B. Medication Services.

(1) Monitoring. A member of the treatment team privileged to do so shall provide the following medication monitoring services:

- (a) Supporting the program's self-administration of medications, including both prescribed and over-the-counter medications;
- (b) To the extent possible, monitoring compliance with instructions appearing on the label or a more recent physician's order;
- (c) Reading the label to assure that each container of medication is clearly labeled with the individual's name, the contents, directions for use, and expiration date;
- (d) Assuring that each individual has secure, appropriate, and accessible space in which to store medications;
- (e) Observing and documenting medications taken and any apparent reactions to the medication, and, either verbally or in writing and in a timely fashion, communicating to the prescribing authority problems that possibly may be related to the medication; and
- (f) Reinforcing education on the role and effects of medication in symptom management.

(2) Administration. If a program participant's individual treatment plan requires that MH-RCS staff administer medication, only an individual authorized to do so under Health Occupations Article, Annotated Code of Maryland, may administer medication.

C. Crisis Services. An MH-RCS program shall provide:

- (1) Crisis stabilization services to diffuse the current crisis and to restore the program participant to the pre-crisis level of functioning;
- (2) Safety and crisis planning services to reduce the recurrence of a mental health crisis; and
- (3) Behavioral interventions that may be provided by non-licensed staff to assist the program participant and members of the program participant's support system to recognize and take preventive action to resolve situations that led to the mental health crisis.

D. Treatment Planning and Care Coordination.

(1) An MH-RCS program shall conduct a video-telehealth or in-person assessment within 48 hours before, but not more than 72 hours after, an individual's admission into the program by a health care practitioner authorized under Health Occupations Article, Annotated Code of Maryland to:

- (a) Perform such an assessment, which:
 - (i) Shall include a review of systems; and
 - (ii) May be part of a psychiatric evaluation; and
- (b) Determine whether the individual requires a physical examination or somatic care follow-up.

(2) Individual Treatment Plan. An MH-RCS shall:

- (a) Prepare an individual treatment plan based on the assessments and evaluations conducted under §D(1) of this regulation;
 - (b) Complete the individual treatment plan within 48 hours of admission; and
 - (c) Update the individual treatment plan, as needed, thereafter.
- (3) The program director shall assign to each program participant a treatment coordinator who shall ensure that the program participant receives medically necessary mental health treatment, recovery support, and ancillary services throughout the course of treatment, as determined by the individual treatment plan.
- (4) The program director shall designate qualified staff to provide ongoing assessment for the program participant throughout the course of treatment.

E. Discharge Planning. An MH residential crisis services program shall provide discharge planning services to include, as appropriate for the program participant:

- (1) Care coordination with or referral to ongoing community-based behavioral and somatic health service providers;
- (2) Coordination or referral to certified peer recovery specialist services to facilitate transition to the next level of care; and
- (3) Providing transportation as needed to connect program participants to other levels of care.

.05 MH Residential Crisis Services Bed Capacity.

A. The bed capacity for an MH residential crisis services program that receives Public Behavioral Health System funding shall be pre-approved by the Administration.

B. MH residential crisis services program beds participating in the Public Behavioral Health System shall only be reimbursed on a daily basis for overnight stays.

C. MH residential crisis services program beds:

- (1) Shall be service specific and limited by licensed capacity;
- (2) Shall be located in a physically separate and distinct building or wing of the licensed site, with a separate program entrance, from that of any other licensed or co-located program or service;
- (3) May not be reallocated to another service without the approval of the Administration; and
- (4) May not be reallocated to SRD residential crisis bed services.

.06 MH-Residential Crisis Program Licensure Process.

To be licensed as an MH-RCS program under this subtitle, an organization operating an MH-RCS program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 MH-RCS Program Site and Documentation Requirements.

An organization licensed as an MH-RCS program under this subtitle shall:

- A. Ensure there are not more than 2 residents per bedroom; and
- B. Meet the site requirements in accordance with COMAR 10.63.05;
- C. Meet the documentation requirements under COMAR 10.63.04.

10.63.27 Recovery Residence Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, and 8-404, Annotated Code of Maryland

.01 Recovery Residence Program Definitions.

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

B. Terms Defined.

(1) Addictive Disorder.

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

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

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

(3) "Affiliated business" means an individual or entity with an affiliation.

(4) Affiliation means:

(a) A 5 percent or greater direct or indirect ownership interest that an individual or entity has in another organization;

(b) A general or limited partnership interest that an individual or entity has in another organization;

(c) An interest in which an individual or entity exercises operational or managerial control over or directly or indirectly conducts the day-to-day operations of another organization, either under contract or through some other arrangement, regardless of whether the managing individual or entity is a W-2 employee of the organization; or

(d) An interest in which an individual is acting as an officer or director of a corporation.

(5) Allied Health Staff.

(a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

(i) Rehabilitation workers;

(ii) Direct service staff;

(iii) Non-certified peer recovery specialists;

(iv) Community health workers;

(v) Health educators;

(vi) Counselor aides; and

(vii) Group living workers.

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

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

(8) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.

(9) "Certified recovery residence" means a recovery residence that holds a certificate of compliance.

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

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

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

(13) "Drug" means:

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

(b) A prescription medication; or

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

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

- (15) "Managed care organization (MCO)" means a health care organization, as defined in Health-General Article, §15-101(f), Annotated Code of Maryland.
- (16) Mental Disorder.
- (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
- (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
- (c) "Mental disorder" does not include an intellectual disability.
- (17) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (18) "Participant" means an individual receiving behavioral health services in a community-based program.
- (19) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)—(c).
- (20) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (21) "Recovery residence" means a service that:
- (a) Provides alcohol-free and illicit-drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental disorders and substance-related disorders or addictive disorders; and
- (b) Does not include clinical treatment services.
- (22) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (23) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (24) "Secretary" means the Secretary of the Maryland Department of Health or their designee.
- (25) "Site" means the location where the organization operates the program as detailed on the program's license.
- (26) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (27) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 Incorporation by Reference.

NARR Standard 3.0 (National Association of Recovery Residences, 2018) is incorporated by reference.

.03 Recovery Residence Program Description.

A. An organization certified under this chapter to provide recovery residence program services shall be designed to provide alcohol-free and illicit-drug-free housing to program participants with substance-related disorders, addictive disorders, and co-occurring mental health disorders and substance-related disorders or addictive disorders.

B. A recovery residence program shall be certified by the Administration to provide:

- (1) Level I Recovery Residence program service;
- (2) Level II Recovery Residence program service;
- (3) Level III Recovery Residence program service; or
- (4) Level IV Recovery Residence program service.

C. An organization shall have a separate certificate for each certified Recovery Residence to provide Recovery Residence program services.

D. An organization certified under this chapter to provide recovery residence program services may not condition alcohol-free and illicit-drug-free housing to program participants with substance-related disorders, addictive disorders, and co-occurring mental health disorders and substance-related disorders or addictive disorders on participation in any other program licensed or certified under this subtitle or an affiliated business of a program licensed or certified under this subtitle.

.04 Recovery Residence Program Staffing Requirements.

A. An organization certified under this chapter to provide Recovery Residence program services shall employ staff based on the level of care provided.

B. Level I Recovery Residence Program. A certified Level I Recovery Residence Program shall employ staff who:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (2) Are sufficient in number to maintain a peer-run recovery residence.

C. Level II Recovery Residence Program.

- (1) A certified Level II Recovery Residence Program shall employ:
 - (a) Staff who meet the general staffing requirements in accordance with COMAR 10.63.03;

- (b) A live-in house manager in accordance with §C(2) of this regulation; and
- (c) Allied health staff in accordance with §C(3) of this regulation.
- (2) Live-in House Manager. A Level II Recovery Residence shall have a live-in house manager shall:
 - (a) Meet the allied health staff requirements in accordance with COMAR 10.63.03.13; and
 - (b) Provide oversight of the residence.
- (3) Allied Health Staff. A Level II Recovery Residence shall have sufficient allied health staff who shall:
 - (a) Meets the allied health staff requirements in accordance with COMAR 10.63.03.13; and
 - (b) Monitor the residence.
- D. Level III Recovery Residence Program. A Level III Recovery Residence Program shall employ:
 - (1) Staff who meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (2) At least one case manager who is employed at least 20 hours per week to provide admission, orientation, referral, and monitoring services;
 - (3) A facility coordinator in accordance with COMAR 10.63.03.13B; and
 - (4) A sufficient number of staff to carry out the functions of the residence.
- E. Level IV Recovery Residence Program. A Level IV Recovery Residence Program shall meet the staffing requirements of a Level 3.1 Clinically Managed Low-Intensity Residential Services program in accordance with COMAR 10.63.29.03.

.05 Recovery Residence Program Services.

- A. Program Services. A Recovery Residence program shall provide the following services:
 - (1) Consent for services in accordance with COMAR 10.63.04.XX and §B of this regulation;
 - (2) Individualized recovery planning in accordance with §C of this regulation;
 - (3) Maintenance of program participant records in accordance with §D of this regulation.
- B. Consent for Services. In addition to the requirements of COMAR 10.63.04.XX, a recovery residence consent for services shall include the following:
 - (1) Terms of occupancy;
 - (2) All services to be provided; and
 - (3) Financial obligations, including, at minimum:
 - (a) Fees, charges, or rents that the program participant may accrue;
 - (b) Financial deposits that may be collected from the program participant by the program;
 - (c) Process and timeframe requirements for program to collect financial obligations from program participant; and
 - (d) If applicable, the program's refund process for a program participant to receive monies collected from the participant by the program.
- C. Individualized Recovery Plan. Within 10 business days of the program participant moving in to a recovery residence, the program shall assist the program participant to complete a self-directed individualized recovery plan that minimum includes:
 - (1) The participant's goals and objectives;
 - (2) Services and supports to be provided;
 - (3) Notice that the participant has the freedom to receive treatment with a provider and location of their choice; and
 - (4) An individualized move-out contingency plan that specifies where the participant may safely live if the participant is no longer able to live in the recovery residence.
- D. Program Participant Record.
 - (1) The Recovery Residence program shall maintain a program participant record for each participant that meets the State confidentiality laws, including:
 - (a) Health-General Article, §§4-301—4-310, Annotated Code of Maryland;
 - (b) General Provisions Article, §§4-101—4-601, Annotated Code of Maryland; and
 - (c) Current applicable State confidentiality regulations.
 - (2) The Recovery Residence program shall index, lock, and store program participant records on site in a location that is exclusively controlled by the program.
 - (3) The program participant record shall be:
 - (a) Retained from the date of intake; and
 - (b) Maintained for at least 7 years after the participant's discharge.
 - (4) Contents of Program Participant Record. The program participant record shall include at minimum:
 - (a) The program participant's:
 - (i) Name, date of birth, sex, race, and marital status; and
 - (ii) Address and telephone number;
 - (b) The names, addresses, and telephone numbers of at least two individuals to be contacted in case of emergency;
 - (c) Documentation of any current medical conditions or allergies;
 - (d) Documentation of prescribed or over the counter medications that the program participant is taking;
 - (e) Name, dosage, and frequency of medications described in Regulation 4(d)(vi) of this chapter;
 - (f) If applicable, contact information for treatment provider, care coordinator, primary care provider, managed care organization, and insurance carrier;
 - (g) Referrals to the recovery residence, including but not limited to, the referral source and date program received referral;

- (h) Intake documentation;
- (i) An itemized record of resident payment of fees, charges, or rents;
- (j) If applicable, completed critical incident reports; and
- (k) Any written notifications to the program participant.

.06 Recovery Residence Program Certification Process.

To be certified as a Recovery Residence program under this chapter, an organization shall:

- A. Meet the application requirements in accordance with COMAR 10.63.06.02—04; and
- B. Meet recovery residence requirements in accordance with the National Alliance for Recovery Residences Standards.

.07 Recovery Residence Program Certification Duration.

A. A certification is effective from the date of issuance and remains in effect for the period established by the Administration at the time the certificate was issued, which is not to exceed two years.

B. The Secretary may, at the Secretary’s discretion and with notice to the organization, issue an extension or modify a certification’s expiration date.

.08 Recovery Residence Certification.

To be certified as a Recovery Residence under this subtitle, an organization operating a Recovery Residence shall meet the licensing requirements in accordance with COMAR 10.63.06.

.09 Recovery Residence Program Site and Documentation Requirements.

An organization certified as a Recovery Residence Program under this chapter shall:

- A. Meet the documentation requirements in accordance with COMAR 10.63.04;
- B. Ensure that it complies with Health-General Article, §§8-406 and 10-518, Annotated Code of Maryland, as follows:

(1) A small halfway house or group home is considered conclusively a single-family dwelling for purposes of zoning, and may be located in all residential zone;

(2) A large halfway house or group home is considered conclusively a multi-family dwelling for purposes of zoning and may be located in zones of similar density; and

(3) A halfway house or a group home may not be made subject to any special exception, conditional use permit, or procedure that differs from that required for a single-family dwelling or a multi-family dwelling of similar density in the same zone; and

C. On and after January 1, 2027, provide a minimum of 50 square feet per resident, not to exceed 4 residents per bedroom.

10.63.28 Substance Related Disorder- Residential Crisis Services Program

Authority: Health-General Article, §§2-104(b), 8-401 — 8-405, and 19-308, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

(4) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.

(5) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

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

(9) Dietary Services.

(a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.

(b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.

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

- (11) "Individual treatment plan (ITP)" means a treatment plan prepared for an individual in an inpatient facility according to the requirements outlined in Health-General Article, §10-706, Annotated Code of Maryland, and COMAR 10.21.03.
- (12) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (13) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (14) Medication Monitoring.
- (a) "Medication monitoring" means:
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 - (b) "Medication monitoring" does not mean:
 - (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (15) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.
- (16) Mental disorder.
- (a) "Mental disorder" means a behavioral or emotional illness that results from a psychiatric disorder.
 - (b) "Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
 - (c) "Mental disorder" does not include an intellectual disability.
- (17) "Opioid Treatment Program Services" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and
 - (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
 - (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (18) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (19) "Participant" means an individual receiving behavioral health services in a community-based program.
- (20) "Peer support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (21) "Privileging" means the process by which a program determines that staff members are qualified to perform assigned duties
- (22) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (23) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (24) "Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals.
- (25) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (26) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (27) "Site" means the location where the organization operates the program as detailed on the program's license.
- (28) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.

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

(30) "Treatment plan" has the meaning stated in Health-General Article §10-6A-01, Annotated Code of Maryland.

(31) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
- (b) Managing withdrawal symptoms; and
- (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 SRD Residential Crisis Services Program Description.

A. An organization licensed under this subtitle to provide a Substance-Related Disorder (SRD) Residential Crisis Services program shall provide:

- (1) Brief substance-related disorder treatment;
- (2) Crisis intervention; and
- (3) Intensive support services in a structured residential environment for program participants who require 24-hour supervision due to an acute substance-related disorder crisis.

B. An SRD residential crisis services program shall be designed to:

- (1) Prevent an inpatient admission;
- (2) Provide an alternative to inpatient admission;
- (3) Shorten the length of an inpatient stay;
- (4) Divert from acute general hospital emergency departments;
- (5) Serve program participants with a primary, high acuity substance-related disorder, but also have the capability to address co-occurring mental health disorders; and
- (6) Provide services and accept admissions 24 hours per day, 7 days a week.

C. An organization licensed under this subtitle to provide SRD-RCS shall cooperate and fulfill Administration requests related to participating in the state care traffic control bed registry and referral system and must fully participate in the system once it is operational.

.03 SRD Residential Crisis Services Program Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide SRD-RCS shall employ, at minimum, the staff in §§B—H of this regulation.

B. Program Director. A program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Clinical Director. A clinical director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The clinical director requirements in accordance with COMAR 10.63.03.06.

D. Licensed Clinical Supervisors.

(1) A licensed clinical supervisor shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

- (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
- (b) The substance related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

E. Clinical Staff. Clinical staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The substance related disorder clinical staff requirements in accordance with COMAR 10.63.03.14, and
- (3) The case load requirements in accordance with §I of this regulation.

F. Medical Staff.

(1) An SRD residential crisis services program shall have a medical staff which shall consist of:

- (a) A physician;
- (b) A physician assistant; or
- (c) A certified registered nurse practitioner, psychiatric mental health (CRPN-PMH).

(2) The medical staff shall:

- (a) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (b) Be licensed in the State in accordance with Health Occupations Article, Annotated Code of Maryland.

G. Nursing Staff. The nursing staff shall:

(1) Consist of a registered nurse or licensed practical nurse licensed in the State in accordance with Health Occupations Article, Title 8, Annotated Code of Maryland; and

(2) Meet the general staffing requirements in accordance with COMAR 10.63.03.

H. Medication Technician. A medication technician shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (2) Be certified under Title 8 of the Health Occupations Article, Annotated Code of Maryland.

I. Case Load Requirements. An SRD residential crisis services program shall:

- (1) Ensure that at least one staff person shall be on duty on-site 24 hours per day, 7 days per week, at all times that a program participant is present in the residential crisis services facility;
- (2) Provide for 24-hour awake on-site staff support if required by the program participant's individual treatment plan; and
- (3) Ensure the capacity:
 - (a) For 1 staff to 4 program participants coverage at all times; and
 - (b) When required by a program participant's individual treatment plan, for 1 staff to 1 program participant coverage.

.04 SRD Residential Crisis Services Program Services.

A. At a minimum, an SRD residential crisis services program shall provide the following services:

- (1) Consent for services in accordance with COMAR 10.63.04.03D;
- (2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (3) An individual treatment plan in accordance with COMAR 10.63.04.03H;
- (4) Nutrition and dietary services;
- (5) A physical evaluation within 24 hours of admission and continuous physician evaluations throughout the stabilization period;
- (6) Counseling, de-escalation, treatment, and safety planning;
- (7) Toxicology services, as appropriate;
- (8) Nursing assessments at admission in accordance with §B of this regulation;
- (9) Crisis stabilization services for program participants with opioid use disorder in accordance with §C of this regulation;
- (10) Medication services in accordance with §D of this regulation; and
- (11) Discharge planning in accordance with §E of this regulation.

B. Nursing Assessments. At the time of admission, an SRD residential crisis services program shall conduct a nursing assessment, which shall include, at minimum the program participant's:

- (1) Somatic history;
- (2) Clinical opioid withdrawal scale;
- (3) Mental health and substance related history including a screening for suicide risk and violence risk,
- (4) Review of infectious diseases risk; and
- (5) Current medication to include prescribed and non-prescribed medication.

C. Crisis Stabilization Services. An SRD residential crisis services program shall provide crisis stabilization services for program participants with opioid use disorder which shall include:

- (1) An evaluation for medications for opioid use disorder;
- (2) The ability to initiate buprenorphine induction and the dose titration; and
- (3) The coordination of access to an Opioid Treatment Program, if not provided onsite.

D. Medication Services.

- (1) Monitoring. A member of the treatment team privileged to do so shall provide the following medication monitoring services:
- (a) Supporting the program's self-administration of medications, including both prescribed and over-the-counter medications;
 - (b) To the extent possible, monitoring compliance with instructions appearing on the label or a more recent physician's order;
 - (c) Reading the label to assure that each container of medication is clearly labeled with the individual's name, the contents, directions for use, and expiration date;
 - (d) Assuring that each individual has secure, appropriate, and accessible space in which to store medications;
 - (e) Observing and documenting medications taken and any apparent reactions to the medication, and, either verbally or in writing and in a timely fashion, communicating to the prescribing authority problems that possibly may be related to the medication; and
 - (f) Reinforcing education on the role and effects of medication in symptom management.

(2) Administration. If a program participant's individual treatment plan requires that SRD residential crisis services staff administer medication, only an individual authorized to do so under Health Occupations Article, Annotated Code of Maryland, may administer medication.

E. Discharge Planning. An SRD residential crisis services program shall provide discharge planning services to include, as appropriate for the program participant:

- (1) Care coordination with or referral to ongoing community-based behavioral and somatic health service providers;
- (2) Providing overdose response kits that include naloxone;
- (3) Coordination or referral to certified peer recovery specialist services to facilitate transition to the next level of care; and
- (4) Providing transportation as needed to connect program participants to medications for opioid use disorder or other levels of care.

F. An SRD residential crisis services program may provide the following services if the program's license specifically authorizes the services:

- (1) A withdrawal management service as described in COMAR 10.63.36; and
- (2) An opioid treatment service as described in COMAR 10.63.35.

.05 SRD Residential Crisis Services Bed Capacity.

A. The bed capacity for an SRD residential crisis services program that receives Public Behavioral Health System funding shall be pre-approved by the Administration.

B. SRD residential crisis services program beds participating in the Public Behavioral Health System shall only be reimbursed on a daily basis for overnight stays.

C. SRD residential crisis services program beds:

- (1) Shall be service specific and limited by licensed capacity;
- (2) Shall be located in a physically separate and distinct building or wing of the licensed site, with a separate program entrance, from that of any other licensed or co-located program or service;
- (3) May not be reallocated to another service without the approval of the Administration; and
- (4) May not be reallocated to mental health residential crisis bed services.

.06 SRD Residential Crisis Services Licensure Process.

To be licensed as an SRD residential crisis services program under this subtitle, an organization operating an SRD residential crisis services program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 SRD Residential Crisis Services Site and Documentation Requirements.

An organization licensed as an SRD residential crisis services program under this subtitle shall:

- A. Ensure not more than 2 program participants per bedroom; and
- B. Meet the site requirements in accordance with COMAR 10.63.05; and
- C. Meet the documentation requirements under COMAR 10.63.04.

10.63.29 Level 3.1 Clinically Managed Low-Intensity Residential Services

Authority: Health-General Article, §§7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

(1) Allied Health Staff.

(a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

- (i) Rehabilitation workers;
- (ii) Direct service staff;
- (iii) Non-certified peer recovery specialists;
- (iv) Community health workers;
- (v) Health educators;
- (vi) Counselor aides; and
- (vii) Group living workers.

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

(3) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.

(4) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

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

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

(8) Dietary Services.

(a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.

(b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.

(9) "Drug" means:

- (a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;
- (b) A prescription medication; or
- (c) A chemical substance when used for unintended and harmful purposes.
- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) "Licensed mental health professional" means:
 - (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (12) Medication Monitoring.
 - (a) "Medication monitoring" means:
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 - (b) "Medication monitoring" does not mean:
 - (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (13) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.
- (14) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (15) "Participant" means an individual receiving behavioral health services in a community-based program.
- (16) "Program director" means the individual who has overall responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (17) "Program" means a named set of services operated by an organization inclusive of:
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (18) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (19) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (20) "Site" means the location where the organization operates the program as detailed on the program's license.
- (21) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (22) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (23) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (24) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
 - (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 Level 3.1 Program Description.

A. An organization licensed under this subtitle to provide Level 3.1 clinically managed low-intensity residential services shall provide clinically managed low-intensity treatment for substance-related disorders that combine a structured living environment with clinical support.

B. Level 3.1 services are for individuals who do not have severe withdrawal risks but need a stable setting to develop and practice recovery skills.

C. A Level 3.1 program shall ensure that program participants meet ASAM Criteria Level of Care for Level 3.1.

.03 Level 3.1 Program Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide Level 3.1 program services shall employ, at minimum:

- (1) The staff in §§B—D of this regulation; and

- (2) The staff required by Regulation .04 of this chapter.
- B. Program Director. A program director shall meet:
 - (1) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (2) The program director requirements in accordance with COMAR 10.63.03.07.
- C. Facility Coordinator. A facility coordinator shall:
 - (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (2) Meet the facility coordinator requirements in accordance with COMAR 10.63.03.14; and
 - (3) Be on-site a minimum of 40 hours per week.
- D. A Level 3.1 program shall have a physician, physician assistant, or nurse practitioner who shall:
 - (1) Be licensed in the State under Health Occupations Article, Annotated Code of Maryland; and
 - (2) Perform the following duties:
 - (a) An initial diagnostic work-up;
 - (b) Identification of medical and surgical problems for referral; and
 - (c) Handle medical emergencies when necessary.
- E. Case Load Requirement. A Level 3.3 program shall ensure that:
 - (1) The ratio of program participants to licensed or certified substance related disorder treatment staff does not exceed 16 participants to one full-time counselor;
 - (2) The ratio of program participants to allied health staff does not exceed 16 program participants to one on duty allied health staff; and
 - (3) The ratio of staff to licensed clinical supervisors does not exceed 16 staff to one full-time equivalent clinical supervisor.

.04 Level 3.1 Program - Multi-Disciplinary Team.

- A. The Level 3.1 program may employ a multi-disciplinary team for the provision of services, which shall include, at minimum:
 - (1) The staff in §§B—G of this regulation; and
 - (2) At least one staff member on site at all times who is:
 - (a) Certified in cardiopulmonary resuscitation, and if an automated external defibrillator (AED) is present, in operation of the AED;
 - (b) Trained in the use of naloxone; and
 - (c) Trained in crisis de-escalation and intervention.
- B. Licensed Clinical Supervisors.
 - (1) A Level 3.1 program shall have a licensed clinical supervisor who shall meet:
 - (a) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (b) One of the conditions in §B(2) of this regulation.
 - (2) A licensed clinical supervisor shall meet either:
 - (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
 - (b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.
- C. Licensed Mental Health Professionals. A licensed mental health professional shall meet:
 - (1) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (2) The licensed mental health professional requirements in accordance with COMAR 10.63.03.09.
- D. Counselors. A counselor shall:
 - (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (2) Meet the staffing requirements in accordance with COMAR 10.63.03.09; and
 - (3) Be under the supervision of a licensed clinical supervisor.
- E. Certified Peer Recovery Specialists. A certified peer recovery specialist shall meet:
 - (1) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (2) The certified peer recovery specialists requirements in accordance with COMAR 10.63.03.11.
- F. Allied Health Staff. Allied health staff shall:
 - (1) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
 - (2) Meet the allied health staff requirements in accordance with COMAR 10.63.03.12.
- G. House Manager and Other Sufficient Staff. The house manager and sufficient staff shall:
 - (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
 - (2) Meet the allied health staff requirements in accordance with COMAR 10.63.03.12;
 - (3) Provide in-person service, 24 hours per day, 7 days a week; and
 - (4) Ensure the number of program participants does not exceed 30 participants to one staff member on duty at the licensed program site.

.05 Level 3.1 Program Services.

- A. Program Services.
 - (1) A Level 3.1 program shall provide the following services:
 - (a) Consent for services in accordance with COMAR 10.63.04.03D;

(b) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
(c) An individual care plan in accordance with COMAR 10.63.04.03H;
(d) A minimum of 5 hours of therapeutic activities a week in accordance with §B of this regulation;
(e) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;
(f) Coordination of aftercare services through peer recovery support or a licensed provider; and
(g) The arrangement of medical and psychiatric consultation by telehealth within 1 week upon request of the program participant.

(2) A Level 3.1 program shall:

- (a) Offer all program services at the licensed facility or campus;
- (b) Follow DEA guidance on handling and storage of medications for opioid use disorder; and
- (c) Conduct toxicology screens at least twice a week on each program participant.

(3) A Level 3.1 program may provide the following services when the program's license specifically authorizes the services:

- (a) Withdrawal management service in accordance with COMAR 10.63.36; and
- (b) Opioid treatment service in accordance with COMAR 10.63.35.

B. Therapeutic Activities. A Level 3.1 program shall provide the following therapeutic activities to program participants, as appropriate:

- (1) Alcohol and drug education;
- (2) Individual counseling which occurs at least once per week;
- (3) Group counseling;
- (4) Family counseling;
- (5) Education assistance;
- (6) Nutrition and dietary services;
- (7) Vocational counseling and assistance;
- (8) Leisure and recreational support;
- (9) Medication monitoring; and
- (10) Case management.

C. Program participants served by a Level 3.1 program may not be eligible for Psychiatric Rehabilitation Program services while in a Level 3.1 program unless approved by the Department or its designee.

.06 Level 3.1 Program Licensure Process.

To be licensed as a Level 3.1 program under this subtitle, an organization operating a Level 3.1 program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 Level 3.1 Program Site and Documentation Requirements.

An organization licensed as a Level 3.1 program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05;
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.30 Substance-Related Disorder Residential Level 3.3 Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

(1) Allied Health Staff.

(a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

- (i) Rehabilitation workers;
- (ii) Direct service staff;
- (iii) Non-certified peer recovery specialists;
- (iv) Community health workers;
- (v) Health educators;
- (vi) Counselor aides; and
- (vii) Group living workers.

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

- (4) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
- (6) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.
- (7) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (8) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (9) "Department" means the Maryland Department of Health.
- (10) Dietary Services.
- (a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.
- (b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.
- (11) "Drug" means:
- (a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;
- (b) A prescription medication; or
- (c) A chemical substance when used for unintended and harmful purposes.
- (12) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (13) "Licensed mental health professional" means:
- (a) A psychiatrist; or
- (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (14) Medication Monitoring.
- (a) "Medication monitoring" means:
- (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
- (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
- (b) "Medication monitoring" does not mean:
- (i) Prescribing medication;
- (ii) Measuring or pouring medicine;
- (iii) Preparation of a syringe for injection; or
- (iv) Administration of medication.
- (15) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.
- (16) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (17) "Participant" means an individual receiving behavioral health services in a community-based program.
- (18) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (19) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)—(c).
- (20) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (21) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (22) "Site" means the location where the organization operates the program as detailed on the program's license.
- (23) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (24) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (25) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (26) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
- (b) Managing withdrawal symptoms; and
- (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 SRD Level 3.3 Program Description.

A. An organization licensed under this subtitle to provide an SRD Level 3.3 program shall provide clinically-managed, population-specific, medium intensity residential substance-related disorder treatment services designed to treat program participants with functional limitations who do not require skilled nursing services.

B. An SRD Level 3.3 program shall ensure that program participants meet ASAM Criteria Levels of Care for SRD Level 3.3.

.03 SRD Level 3.3 Program Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide SRD Level 3.3 program services shall employ, at minimum:

- (1) The staff in §§B—D of this regulation; and
- (2) The staff required by Regulation .04 of this chapter.

B. Program Director. A program director shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.

C. Facility Coordinator. A facility coordinator shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the facility coordinator requirements in accordance with COMAR 10.63.03.14; and
- (3) Be on-site a minimum of 40 hours per week.

D. An SRD Level 3.3 program shall have a physician, physician assistant, or nurse practitioner who shall:

- (1) Be licensed in the State under Health Occupations Article, Annotated Code of Maryland; and
- (2) Perform the following duties:
 - (a) An initial diagnostic work-up;
 - (b) Identification of medical and surgical problems for referral; and
 - (c) Handle medical emergencies when necessary.

E. Staffing Limitations. An SRD Level 3.3 program shall ensure that:

- (1) The ratio of program participants to licensed or certified substance-related disorder treatment staff does not exceed 15 participants to one full-time counselor;
- (2) The ratio of program participants to allied health staff does not exceed 30 program participants to one on duty allied health staff; and
- (3) The ratio of staff to licensed clinical supervisors does not exceed 15 staff to one full-time equivalent licensed clinical supervisor.

.04 SRD Level 3.3 Program Multi-Disciplinary Team.

A. The SRD Level 3.3 program shall employ a multi-disciplinary team for the provision of services, which shall include, at minimum:

- (1) The staff in §§B—G of this regulation; and
- (2) At least once staff member on site at all times who is:
 - (a) Certified in cardiopulmonary resuscitation, and if an automated external defibrillator (AED) is present, in operation of the AED;
 - (b) Trained in the use of naloxone; and
 - (c) Trained in crisis de-escalation and intervention.

B. Licensed Clinical Supervisors.

- (1) An SRD Level 3.3 program shall have a licensed clinical supervisor who shall meet:
 - (a) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (b) One of the conditions in §B(2) of this regulation.
- (2) A licensed clinical supervisor shall meet either:
 - (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
 - (b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

C. Licensed Mental Health Professionals. A licensed mental health professional shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The licensed mental health professional requirements in accordance with COMAR 10.63.03.09.

D. Counselors. A counselor shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the staffing requirements in accordance with COMAR 10.63.03.09; and
- (3) Be under the supervision of a licensed clinical supervisor.

E. Certified Peer Recovery Specialists. A certified peer recovery specialist shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The certified peer recovery specialists requirements in accordance with COMAR 10.63.03.11.

F. *Allied Health Staff.* Allied health staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The allied health staff requirements in accordance with COMAR 10.63.03.12.

G. *House Manager and Other Sufficient Staff.* The house manager and sufficient staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03;
- (2) The allied health staff requirements in accordance with COMAR 10.63.03.12;
- (3) Provide in-person service, 24 hours per day, 7 days a week; and

(4) Ensure the number of program participants does not exceed 30 participants to one staff member on duty at the licensed program site.

.05 SRD Level 3.3 Program Services.

A. *Program Services.*

(1) An SRD Level 3.3 program shall provide the following services:

- (a) Consent for services in accordance with COMAR 10.63.04.03D;
- (b) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (c) An individual care plan in accordance with COMAR 10.63.04.03H;
- (d) A minimum of 20 to 35 hours of therapeutic activities a week in accordance with §B of this regulation;
- (e) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;
- (f) Coordination of aftercare services through peer recovery support or a licensed provider;
- (g) A medical screening conducted within 36 hours of admission;
- (h) A physical examination conducted within one week of admission; and
- (i) The arrangement of medical and psychiatric consultation by telehealth within 1 business day upon request of the program participant.

(2) An SRD Level 3.3 program shall:

- (a) Offer all program services at the licensed facility or campus;
- (b) Follow federal Drug Enforcement Agency guidance on handling and storage of medications for opioid use disorder;

and

(c) Conduct toxicology screens at least twice per week on each program participant.

(3) An SRD Level 3.3 program may provide the following services when the program's license specifically authorizes the services:

- (a) Withdrawal management service in accordance with COMAR 10.63.36; and
- (b) Opioid treatment service in accordance with COMAR 10.63.35.

B. *Therapeutic Activities.* A SRD Level 3.3 program shall provide the following therapeutic activities to program participants, as appropriate:

- (1) Alcohol and drug education;
- (2) Individual counseling which occurs at least once per week;
- (3) Group counseling;
- (4) Family counseling;
- (5) Education assistance;
- (6) Nutrition and dietary services;
- (7) Vocational counseling and assistance;
- (8) Leisure and recreational support;
- (9) Medication monitoring; and
- (10) Case management.

C. Program participants served by an SRD Level 3.3 program may not be eligible for Psychiatric Rehabilitation Program services while in an SRD Level 3.3 program unless approved by the Department or its designee.

.06 SRD Level 3.3 Program Licensure Process.

To be licensed as a SRD Level 3.3 program under this subtitle, an organization operating an SRD Level 3.3 program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 SRD Level 3.3 Program Site and Documentation Requirements.

An organization licensed as an SRD Level 3.3 program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.31 Substance-Related Disorder Residential Level 3.5 Program

Authority: Health-General Article, §§7.5-204, 8-402, 8-404, and 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.

- (1) *Allied Health Staff.*
- (a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.
- (b) "Allied health staff" includes, but is not limited to:
- (i) Rehabilitation workers;
 - (ii) Direct service staff;
 - (iii) Non-certified peer recovery specialists;
 - (iv) Community health workers;
 - (v) Health educators;
 - (vi) Counselor aides; and
 - (vii) Group living workers.
- (2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (3) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (4) "Business Day" means any day except Saturday, Sunday, or a State holiday.
- (5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.
- (6) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.
- (7) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.
- (8) "Crisis" means an event that produces mental, physical, emotional, and behavioral distress.
- (9) "Department" means the Maryland Department of Health.
- (10) *Dietary Services.*
- (a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.
- (b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.
- (11) "Family therapy-counseling" means a distinct discipline that utilizes accepted family system theories and intervention techniques.
- (12) "Group therapy-counseling" means treatment procedures provided simultaneously to two or more patients that:
- (a) Require constant attendance, but not one-on-one contact by the therapist; and
 - (b) Can be, but need not be, the same treatment procedures.
- (13) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (14) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (15) *Medication Monitoring.*
- (a) "Medication monitoring" means:
- (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
- (b) "Medication monitoring" does not mean:
- (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (16) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.
- (17) "Opioid Treatment Program Services" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and

- (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
- (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (18) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (19) "Participant" means an individual receiving behavioral health services in a community-based program.
- (20) "Peer support services" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.
- (21) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (22) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)—(c).
- (23) "Provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (24) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (25) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (26) "Site" means the location where the organization operates the program as detailed on the program's license.
- (27) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (28) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (29) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (30) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
- (b) Managing withdrawal symptoms; and
- (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 SRD Level 3.5 Program Description.

- A. An organization licensed under this subtitle to provide an SRD Level 3.5 program shall provide:
- (1) A highly structured environment;
- (2) Moderate to high intensity substance-related disorder treatment; and
- (3) Ancillary services which support and promote recovery.
- B. An SRD Level 3.5 program shall ensure that program participants meet ASAM Criteria Levels of Care for SRD Level 3.5.

.03 SRD Level 3.5 Program Staffing Requirements.

- A. Required Positions. An organization licensed under this subtitle to provide SRD Level 3.5 program services shall employ, at minimum:
- (1) The staff in §§B—D of this regulation; and
- (2) The staff required by Regulation .04 of this chapter.
- B. Program Director. A program director shall meet:
- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The program director requirements in accordance with COMAR 10.63.03.07.
- C. Facility Coordinator. A facility coordinator shall:
- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the facility coordinator requirements in accordance with COMAR 10.63.03.14; and
- (3) Be on-site a minimum of 40 hours per week.
- D. An SRD level 3.5 program shall have a physician, physician assistant, or nurse practitioner who shall:
- (1) Be licensed in the State under Health Occupations Article, Annotated Code of Maryland; and
- (2) Perform the following duties:
- (a) An initial diagnostic work-up;
- (b) Identification of medical and surgical problems for referral; and
- (c) Handle medical emergencies when necessary.
- E. Staffing Limitations. An SRD Level 3.5 program shall ensure that:

- (1) The ratio of program participants to licensed or certified substance-related disorder treatment staff does not exceed 15 participants to one full-time counselor;
- (2) The ratio of program participants to allied health staff does not exceed 30 program participants to one on duty allied health staff; and
- (3) The ratio of staff to supervisor does not exceed 15 staff to one full-time equivalent licensed clinical supervisor.

.04 SRD Level 3.5 Program Multi-Disciplinary Team.

A. The SRD Level 3.5 program shall employ a multi-disciplinary team for the provision of services which shall include, at minimum:

- (1) The staff in §§B—G of this regulation and
- (2) At least once staff member on site at all times who is:
 - (a) Certified in cardiopulmonary resuscitation, and if an automated external defibrillator (AED) is present, in operation of the AED;
 - (b) Trained in the use of naloxone; and
 - (c) Trained in crisis de-escalation and intervention.

B. Licensed Clinical Supervisors.

- (1) A SRD Level 3.5 program shall have a licensed clinical supervisor who shall meet:
 - (a) The general staffing requirements in accordance with COMAR 10.63.03; and
 - (b) One of the conditions in §B(2) of this regulation.
- (2) A licensed clinical supervisor shall meet either:
 - (a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or
 - (b) The substance-related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

C. Licensed Mental Health Professionals. A licensed mental health professional shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The licensed mental health professional requirements in accordance with COMAR 10.63.03.09.

D. Counselors. A counselor shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the staffing requirements in accordance with COMAR 10.63.03.09; and
- (3) Be under the supervision of a clinical supervisor.

E. Certified Peer Recovery Specialists. A certified peer recovery specialist shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The certified peer recovery specialists requirements in accordance with COMAR 10.63.03.11.

F. Allied Health Staff. Allied health staff shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The allied health staff requirements in accordance with COMAR 10.63.03.12.

G. House Manager and Other Sufficient Staff. The house manager and sufficient staff shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet allied health staff requirements in accordance with COMAR 10.63.03.12;
- (3) Provide in-person service, 24 hours per day, 7 days a week; and
- (4) Ensure the number of residents does not exceed 30 residents to one staff member on duty at the licensed program site.

.05 SRD Level 3.5 Program Services.

A. Program Services.

- (1) A SRD Level 3.5 program shall provide the following services:
 - (a) Consent for services in accordance with COMAR 10.63.04.03D;
 - (b) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
 - (c) An individual care plan in accordance with COMAR 10.63.04.03H;
 - (d) A minimum of 36 hours of therapeutic activities a week in accordance with §B of this regulation;
 - (e) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;
 - (f) Coordination of aftercare services through peer recovery support or a licensed provider;
 - (g) A medical screening conducted within 36 hours of admission;
 - (h) A physical examination conducted within one week of admission; and
 - (i) The arrangement of medical and psychiatric consultation by telehealth within 1 business day upon request of the program participant.
- (2) An SRD Level 3.5 program shall:
 - (a) Offer all services at the licensed facility or campus;
 - (b) Follow federal Drug Enforcement Agency guidance on handling and storage of medications for opioid use disorder; and
 - (c) Conduct toxicology screens at least twice a week on each program participant.
- (3) An SRD Level 3.5 program may provide the following services when the program's license specifically authorizes the services:

(a) *Withdrawal management service in accordance with COMAR 10.63.36; and*

(b) *Opioid treatment service in accordance with COMAR 10.63.35.*

B. Therapeutic Activities. An SRD Level 3.5 program shall provide the following therapeutic activities to program participants, as appropriate:

- (1) Alcohol and drug education;*
- (2) Individual counseling at least weekly;*
- (3) Group counseling;*
- (4) Family counseling, as appropriate;*
- (5) Education assistance;*
- (6) Nutrition and dietary services;*
- (7) Vocational counseling and assistance;*
- (8) Leisure and recreational support;*
- (9) Medication monitoring, and*
- (10) Case management.*

C. Program participants served by an SRD Level 3.5 program may not be eligible for Psychiatric Rehabilitation Program services while in an SRD Level 3.5 program unless approved by the Department or its designee.

.06 SRD Level 3.5 Program Licensure Process.

To be licensed as an SRD Level 3.5 program under this subtitle, an organization operating an SRD Level 3.5 program shall meet the licensing requirements in accordance with COMAR 10.63.06.

.07 SRD Level 3.5 Program Site and Documentation Requirements.

An organization licensed as an SRD Level 3.5 program under this subtitle shall meet:

A. Site requirements in accordance with COMAR 10.63.05; and

B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.32 Substance-Related Disorder Residential Level 3.7 Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

(1) Allied Health Staff.

(a) "Allied health staff" means an individual not licensed in accordance with Health Occupations Title, Annotated Code of Maryland that is utilized by an organization to provide support services or direct care services in the operation of a community-based behavioral health program.

(b) "Allied health staff" includes, but is not limited to:

- (i) Rehabilitation workers;*
- (ii) Direct service staff;*
- (iii) Non-certified peer recovery specialists;*
- (iv) Community health workers;*
- (v) Health educators;*
- (vi) Counselor aides; and*
- (vii) Group living workers.*

(2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.

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

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

(5) "Case management" means the process of coordinating and monitoring the services provided to a patient both within the program and in conjunction with other providers.

(6) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.

(7) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.

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

(9) Dietary Services.

(a) "Dietary services" means the services provided by a community based behavioral health program which offers comprehensive food preparation as a service to program participants.

(b) "Dietary services" does not include communal food preparation by program participants or food preparation done as a rehabilitative activity.

- (10) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (11) "Licensed mental health professional" means:
- (a) A psychiatrist; or
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.
- (12) Medication Monitoring.
- (a) "Medication monitoring" means:
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.
 - (b) "Medication monitoring" does not mean:
 - (i) Prescribing medication;
 - (ii) Measuring or pouring medicine;
 - (iii) Preparation of a syringe for injection; or
 - (iv) Administration of medication.
- (13) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.
- (14) "Opioid Treatment Program Services" means a program that:
- (a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;
 - (b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;
 - (c) Complies with:
 - (i) The Code of Federal Regulations 42, Part 8;
 - (ii) COMAR 10.63.13; and
 - (iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and
 - (d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.
- (15) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (16) "Participant" means an individual receiving behavioral health services in a community-based program.
- (17) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (18) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
 - (c) An addictive disorders program; and
 - (d) A combination of (a)—(c).
- (19) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (20) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (21) "Site" means the location where the organization operates the program as detailed on the program's license.
- (22) "Substance related disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- (23) "Telehealth" has the meaning stated in Health-General Article, §15-141.2, Annotated Code of Maryland.
- (24) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.
- (25) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:
- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
 - (b) Managing withdrawal symptoms; and
 - (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 SRD Level 3.7 Program Description.

- A. An organization licensed under this subtitle to provide a SRD Level 3.7 program shall provide medically-monitored, high intensity substance-related disorder treatment services in an intermediate care facility.
- B. An SRD level 3.7 program shall ensure that program participants meet ASAM Criteria Levels of Care for SRD Level 3.7.

.03 SRD Level 3.7 Program Staffing Requirements.

A. *Required Positions.* An organization licensed under this subtitle to provide SRD Level 3.7 program services shall employ, at minimum:

- (1) The staff in §§B—D of this regulation; and
- (2) The staff required by Regulation .04 of this chapter.

B. *Program Director.* A program director:

- (1) Shall meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Shall meet the program director requirements in accordance with COMAR 10.63.03.07; and
- (3) May function as the facility coordinator when overseeing one licensed program site.

C. *Facility Coordinator.* A facility coordinator shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the facility coordinator requirements in accordance with COMAR 10.63.03.14; and
- (3) Be on-site a minimum of 40 hours per week.

D. *Medical Staff.*

(1) An SRD Level 3.7 program shall have a medical staff which consists of, at minimum:

- (a) A physician, nurse practitioner, or physician assistant in accordance with §D(2) of this regulation;
- (b) A psychiatrist or certified registered nurse practitioner, psychiatric mental health in accordance with §D(3) of this regulation; and

regulation; and

(c) A nursing staff in accordance with §D(4) of this regulation.

(2) An SRD Level 3.7 program physician, nurse practitioner, or physician assistant shall:

- (a) Be licensed in the State in accordance with Health Occupations Article, Annotated Code of Maryland;
- (b) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (c) Be on-site in person at least once per week.

(3) A psychiatrist or certified registered nurse practitioner, psychiatric mental health shall:

- (a) Be licensed in the State in accordance with Health Occupations Article, Annotated Code of Maryland;
- (b) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (c) Be on-site in person at least once per week.

(4) Nursing staff shall:

- (a) Be licensed in accordance with Health Occupations Article, Title 8, Annotated Code of Maryland;
- (b) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (c) Be on-site 24 hours per day, 7 days a week; and
- (d) Have services provided by a registered nurse, at minimum, 56 hours per week.

E. *Staff Limitation.* The ratio of program participants to licensed or certified SRD treatment staff shall not exceed 10 program participants to one full-time equivalent licensed or certified SRD counselor.

.04 SRD Level 3.7 Program Multi-Disciplinary Team.

A. The SRD Level 3.7 program shall employ a multi-disciplinary team for the provision of services, which shall include, at minimum:

- (1) The staff in §§B—G of this regulation; and
- (2) At least once staff member on site at all times who is:

(a) Certified in cardiopulmonary resuscitation, and if an automated external defibrillator (AED) is present, in operation of the AED;

(b) Trained in the use of naloxone; and

(c) Trained in crisis de-escalation and intervention.

B. *Licensed Clinical Supervisors.*

(1) An SRD Level 3.7 program shall have a licensed clinical supervisor who shall meet:

- (a) The general staffing requirements in accordance with COMAR 10.63.03; and
- (b) One of the conditions in §B(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

(a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or

(b) The substance related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

(3) An SRD Level 3.7 program's licensed clinical supervisor shall be on-site a minimum of 40 hours per week.

C. *Licensed Mental Health Professionals.* A licensed mental health professional shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and
- (2) The licensed mental health professional requirements in accordance with COMAR 10.63.03.09.

D. *Counselors.* A counselor shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the staffing requirements in accordance with COMAR 10.63.03.09; and
- (3) Be under the supervision of a clinical supervisor.

E. *Certified Peer Recovery Specialists.* A certified peer recovery specialist shall meet:

- (1) The general staffing requirements in accordance with COMAR 10.63.03; and

(2) The certified peer recovery specialists requirements in accordance with COMAR 10.63.03.11.

F. Allied Health Staff. Allied health staff shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- (2) Meet the allied health staff requirements in accordance with COMAR 10.63.03.12.

G. House Manager and Other Sufficient Staff. The house manager and sufficient staff shall:

- (1) Meet the general staffing requirements in accordance with COMAR 10.63.03;
- (2) Meet the allied health staff requirements in accordance with COMAR 10.63.03.12;
- (3) Provide in-person service, 24 hours per day, 7 days a week; and
- (4) Ensure the number of program participants does not exceed 30 participants to one staff member on duty at the licensed program site.

.05 SRD Level 3.7 Program Services.

A. Program Services.

(1) An SRD Level 3.7 program shall provide the following services:

- (a) Consent for services in accordance with COMAR 10.63.04.03D;
- (b) A comprehensive assessment in accordance with COMAR 10.63.04.03E;
- (c) An individual care plan in accordance with COMAR 10.63.04.03H;
- (d) A minimum of 36 hours of therapeutic activities a week in accordance with §B of this regulation;
- (e) Coordination and referral to treatment programs or resources identified by the comprehensive assessment;
- (f) Coordination of aftercare services through peer recovery support or a licensed provider.
- (g) A medical screening conducted within 36 hours of admission;
- (h) A physical examination conducted within one week of admission; and
- (i) The arrangement of medical and psychiatric consultation by telehealth within 1 business day upon request of the program participant.

program participant.

(2) An SRD Level 3.7 program shall:

- (a) Offer all program services at the licensed facility or campus;
- (b) Follow DEA guidance on handling and storage of medications for opioid use disorder; and
- (c) Conduct toxicology screens at least twice per week on each program participant.

(3) An SRD Level 3.7 program may provide the following services when the program's license specifically authorizes the services:

- (a) Withdrawal management service in accordance with COMAR 10.63.36; and
- (b) Opioid treatment service in accordance with COMAR 10.63.35.

B. Therapeutic Activities. An SRD Level 3.7 program shall provide the following therapeutic activities to program participants, as appropriate:

- (1) Alcohol and drug education;
- (2) Individual counseling at least weekly;
- (3) Group counseling;
- (4) Family counseling;
- (5) Education assistance;
- (6) Nutrition and dietary services;
- (7) Vocational counseling and assistance;
- (8) Leisure and recreational support;
- (9) Medication monitoring, and
- (10) Case management.

C. Program participants served by an SRD Level 3.7 program may not be eligible for Psychiatric Rehabilitation Program services while in an SRD Level 3.7 program unless approved by the Department or its designee.

.06 SRD Level 3.7 Program Licensure Process.

To be licensed as an SRD Level 3.7 program under this subtitle, an organization operating an SRD Level 3.7 program shall:

- A. Meet the licensing requirements in accordance with COMAR 10.63.06; and
- B. Have the appropriate Certificate of Need issued by the Maryland Health Care Commission.

.07 SRD Level 3.7 Program Site and Documentation Requirements.

An organization licensed as an SRD Level 3.7 program under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.33 Residential Rehabilitation Program (RRP)

Authority: Health-General Article, §§2-104(b), 10-901, and 10-902, Annotated Code of Maryland

.01 RRP Definitions.

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

B. Terms Defined.

- (1) "Accreditation organization" means a private entity that conducts inspections and surveys of health care facilities or health care staff agencies based on nationally recognized and developed standards that is approved by the Secretary in accordance with Health General Article, §19-2302, Annotated Code of Maryland.
- (2) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.
- (3) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.
- (4) "Behavioral health services" means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.
- (5) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.
- (6) "Department" means the Maryland Department of Health.
- (7) "Harm to others" has the meaning stated in Health-General Article, §10-6A-01, Annotated Code of Maryland.
- (8) "Hospital" has the meaning stated in Health-General Article §19-301, Annotated Code of Maryland.
- (9) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.
- (10) Local Authority.
- (a) "Local authority" means the designated county or multicounty authority responsible for planning, managing, and monitoring publicly funded mental health, substance-related, or addictive disorder services.
- (b) "Local authority" includes the:
- (i) Core service agency as defined in Health General Article, §7.5-101(g), Annotated Code of Maryland;
- (ii) Local additions authority as defined in Health General Article, §7.5-101(j), Annotated Code of Maryland; and
- (iii) Local behavioral health authority as defined in Health General Article, §7.5-101(k), Annotated Code of Maryland.
- (11) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland
- (12) "Medically necessary" means a service or benefit that is:
- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
- (b) Consistent with current accepted standards of good medical practice;
- (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
- (d) Not primarily for the convenience of the participant, family, provider, or organization.
- (13) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.
- (14) "Participant" means an individual receiving behavioral health services in a community-based program.
- (15) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.
- (16) "Program" means a named set of services operated by an organization inclusive of:
- (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;
- (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;
- (c) An addictive disorders program; and
- (d) A combination of (a)–(c).
- (17) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.
- (17) "Residential" means the setting of a community-based program in which program participants both reside and receive behavioral health services.
- (18) "Site" means the location where the organization operates the program as detailed on the program's license.
- (19) "Treatment" means professionally rendered therapeutic interventions provided to an individual to address behavioral health disorders.

.02 RRP Description.

A. In order to be licensed under this subtitle, a residential rehabilitation program (RRP) shall provide comprehensive, individualized, community-based psychiatric rehabilitation and recovery support services to adults:

- (1) *With serious mental illness which:*
- (a) *Cause significant functional and psychological impairment;*
- (b) *Is expected to stabilize with treatment, rehabilitation, and support; and*
- (c) *Requires active interventions and support to live safely in the community and participate in treatment;*
- (2) *Who are either:*
- at significant risk of hospitalization or other inpatient care or at risk of harm to self or others as a result of mental illness;*

(3) Who have been involuntarily or voluntarily committed to a State facility or a State-funded inpatient psychiatric hospital and require community-based behavioral health services upon discharge;

(4) Who do not have adequate resources or a social support system to provide the level of residential support and supervision currently needed; and

(5) For whom all less intensive levels of treatment have been determined unsafe or unsuccessful.

B. A RRP shall be designed for:

(1) The maximum reduction of mental disability and restoration of an adult with a serious mental illness to the best possible functional level pursuant to §1905(a)(13) of the Social Security Act including the prevention of symptom deterioration, relapse or further hospitalization for program participants for whom there is a reasonable expectation based on experience that this might occur.

.03 RRP Staffing Requirements.

A. An organization licensed under this subtitle to provide RRP program services shall employ, at minimum, the staff in §§B and C of this regulation.

B. Program Director. The program director shall meet:

(1) The general staffing requirements outlined in COMAR 10.63.03;

(2) The rehabilitation specialist requirements in accordance with COMAR 10.63.03.10.

C. Direct Care Staff. Direct care staff shall meet:

(1) The general staffing requirements in COMAR 10.63.03;

(2) The direct care staff requirements in in COMAR 10.63.03.12; and

(3) Be responsible for implementing the rehabilitative activities outlined in the program participant's individual care plan or individual rehabilitation plan.

D. Staffing for General-level Support. The RRP shall:

(1) Ensure that staff be available on-call 24 hours per day, 7 days per week for any hours not on-site in the residential rehabilitation residence; and

(2) Maintain sufficient staffing to provide the following at the frequency and intensity needed to provide the services in accordance with Regulation .05 of this chapter to support recovery.

E. Staffing for Intensive-level Support. The RRP shall:

(1) Ensure that staff be available on-call 24 hours per day, 7 days per week for any hours not on-site in the residential rehabilitation residence;

(2) Ensure that staff is available on-site in the residential rehabilitation residence for a minimum of 40 hours per week, 5 days per week, up to 24 hours a day, 7 days a week; and

(3) Maintain sufficient staffing to provide the following at the frequency and intensity needed to provide the services in accordance with Regulation .05 of this chapter to support recovery.

.04. Referrals for RRP Services and Denial of Referral.

A. Referrals for RRP Services. Within 10 days of receipt of the completed referral, inclusive of any transition visits the RRP shall:

(1) Complete a comprehensive assessment in accordance with COMAR 10.63.04.03E;

(2) Render an admission disposition; and

(3) Notify the local authority and referral source of the determination.

B. Denials. For any denial, the RRP shall

(1) Record the denial on the form approved by the Administration;

(2) Disseminate the denial form to the referral source and the appropriate local authority; and

(3) Base any denials solely on an individualized, person-centered assessment of the individual's characteristics or clinical risk factors that cannot be eliminated, mitigated, or reasonably accommodated, compatibility, and ability to benefit from PRP services and not a categorical denial of admission based on program participant's history or clinical profile.

.05 RRP Program Services.

A. Program Services. An organization operating an RRP shall at minimum:

(1) Obtain consent in accordance with COMAR 10.63.04.03D;

(2) Complete the fee determination and entitlements management record in accordance with §B of this regulation;

(3) Complete an individual rehabilitation plan in accordance with §C of this regulation; and

(4) Provide the services in §D—G of this regulation.

B. Complete Fee Determination and Entitlements Management Record. Upon admission and on an annual basis the PRP shall review the program participant's Entitlement Management Record using the forms approved by the Administration to:

(1) Determine if the program participant has, or may be eligible, for federal or State entitlements;

(2) Assist the program participant, if necessary, to apply for all entitlements for which the program participant may be eligible if the program participant does not have entitlements;

(3) Document in the program participant's medical record that the program participant has all entitlements, or the outcome of the entitlement application;

(4) Discuss with the program participant the charges for services, and, when applicable, the process for determining ability to pay; and

(5) Provide written documentation to the program participant regarding the charges for services and the process for determining ability to pay.

C. Individual Rehabilitation Plan. The RRP shall:

(1) Complete an individualized rehabilitation plan within 30 days of admission and

(2) Complete plan reviews at the frequency designated by the organization's accreditation organization, or at a minimum every 6 months.

D. The RRP shall provide individualized, medically necessary, and appropriate services in the RRP residence and in the community based upon the program participant's individual care plan:

(1) At times clinically indicated, including evenings and weekends; and

(2) Based on demonstrated participant need reflected in the Certificate of Determination issued by the Administration or its designee.

E. The RRP shall continually reassess the program participant for changes in level of support required and transition the participant to the clinically appropriate level of support in the least restrictive setting, as indicated.

F. The RRP shall incorporate deliberate and consistent skills training that, at minimum, includes the following:

(1) Instruction and explanation;

(2) Skill demonstration and modeling;

(3) Role play, guided practice, and skill rehearsal;

(4) Specific corrective feedback and positive reinforcement;

(5) In-vivo skills training; and

(6) Ongoing prompting and cueing of learned skills to reinforce overlearning and promote skill generalization and maintenance.

G. Managed Intervention Plan.

(1) The RRP shall have a written policy regarding the development of and process for implementation of a managed intervention plan for a program participant who may be at risk of an unplanned discharge.

(2) A managed intervention plan shall be:

(a) Person-centered, promote self-determination and recovery; and honor the program participant's preferences and informed choices;

(b) Designed to prevent unplanned discharge;

(c) Created to ensure that the managed intervention plan is not used as a punitive measure;

(d) Developed in collaboration with the program participant, treatment team members, and the applicable local authority; and

(e) Includes:

(i) A description of interventions, services, and supports that may be needed to avoid unplanned discharge; and

(ii) Identifies temporary residential alternatives, if any.

(3) The RRP shall ensure that the managed intervention plan:

(a) Is created in collaboration with the program participant, treatment team members, and the applicable local authority;

(b) Is designed, developed, and implemented in accordance with the written policy specified in §G(1) of this regulation; and

(c) Is on the form approved by the Administration.

.06 RRP Licensure Process.

An organization licensed under this subtitle to operate an RRP shall:

A. Meet the licensing requirements in accordance with COMAR 10.63.06; and

B. Meet the requirements for a PRP, in accordance with COMAR 10.63.20.

.07 RRP Site and Documentation Requirements.

An organization licensed as an RRP under this subtitle shall:

A. Ensure no more than 2 program participants per bedroom;

B. Meet site requirements in accordance with COMAR 10.63.05; and

C. Meet documentation requirements under COMAR 10.63.04.

10.63.34 Therapeutic Group Homes

Authority: §§2-102, 2-104, 2-113, 2-120, and 2-123—2-125; Education Article, §§8-301—8-303; Family Law Article, §§5-506, 5-508, 5-509, 5-509.1, and 5-510; Health-General Article, §§2-104(b), 7-904, 8-404, 10-922, and 10-924; Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

(1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this chapter.

(2) "Case coordinator" means the licensed mental health professional or residential care specialist supervised by a licensed mental health professional who coordinates the services, as outlined in a program participant's individual treatment plan, to the participant.

(3) "Clinical coordinator" means the licensed mental health professional who is responsible for oversight of the clinical services provided to program participants in a TGH.

(4) "Contact note" means an entry that:

(a) Is made in a program participant's medical record by a program staff member; and

(b) Describes face-to-face, written, or telephone contact with or regarding the program participant.

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

(7) "Governor's Office for Children (GOC)" means the Office created under Executive Order 01.02.2024.05 and Human Services Article, §8-105, Annotated Code of Maryland.

(8) "Group home" means a private group home, as defined in Health-General Article, §10-514, Annotated Code of Maryland.

(9) "Individualized Education Program" has the meaning stated in 34 CFR § 300.320.

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

(11) Local Authority.

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

(b) "Local authority" includes the:

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

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

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

Maryland.

(12) "Managed care organization (MCO)" has the meaning stated in Health-General Article, §15-101, Annotated Code of Maryland.

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

(14) "Primary caretaker" means the:

(a) Child's custodial parent or parents;

(b) Adult with whom the child currently resides; or

(c) Legal guardian.

(15) "Privileging" means the process by which a program determines that staff members are qualified to perform assigned duties.

(16) "Progress summary note" means an entry by a program participant's treatment coordinator in the participant's medical record and that describes the participant's progress toward the goals delineated in the participant's individual treatment plan.

(17) "Secretary" means the Secretary of Health, or the Secretary's designee.

(18) "Small private group home" has the meaning stated in Health-General Article, §§10-514 and 10-518, Annotated Code of Maryland.

(19) Therapeutic Group Home (TGH).

(a) "Therapeutic group home (TGH)" means a small private group home.

(b) "Therapeutic group home (TGH)" does not include a foster home that is the domicile of the foster parent.

(c) "Therapeutic group home (TGH)" does not include a facility that is:

(i) Owned by or leased to the State or any public agency;

(ii) Regulated by the Department of Juvenile Services, Department of Human Services, or Developmental Disabilities Administration; or

(iii) Organized wholly or partly to make a profit.

(20) "Therapeutic milieu" means an environment that is clinically structured to provide mental health treatment in a place other than the individual's residence.

.02 TGH Program Description.

A. An organization licensed under this subtitle as a Therapeutic Group Home (TGH) shall provide therapeutic living services:

(1) For at least 4 but not more than 8 children;

(2) By providing access to a combination of developmental, diagnostic, and therapeutic mental health services;

(3) When possible, in the program participant's community of origin; and

(4) In a home-like environment.

B. The TGH shall coordinate the treatment in the home with the appropriate public or non-public educational program conducted outside of the home.

C. The TGH shall provide 24-hour supervision for each program participant when the participant is not participating in a program conducted outside of the home.

.03 TGH Program Staffing Requirements.

A. *Required Staff.* The TGH shall ensure that TGH staff is sufficient in numbers and qualifications to:

- (1) Carry out the TGH program service plan described in Regulation .11C of this chapter;
- (2) Provide the services, including supervision and staff-to-child ratio, required under Regulation .08 of this chapter; and
- (3) Carry out the requirements of the individual treatment plan for TGH program participants.

B. *Chief Executive Officer.*

(1) The TGH shall employ a TGH chief executive officer who:

- (a) Shall meet the qualifications and experience required under COMAR 14.31.06.06A;
- (b) Shall be on duty at the TGH for the amount of time necessary to carry out the duties outlined in this chapter and, at minimum, 20 hours per week;

(c) Shall be responsible for credentialing and privileging staff;

(d) Shall be responsible for administrative oversight including, at minimum:

- (i) Fulfilling the administrative requirements under COMAR 14.31.05;
- (ii) Ensuring compliance with this chapter;
- (iii) Maintaining sufficient staff, including recruiting, hiring, training, scheduling, and terminating;
- (iv) Ensuring the availability, 24 hours per day, 7 days per week, of a TGH psychiatrist; and
- (v) In collaboration, with the clinical coordinator, when appropriate, ensuring that all staff are appropriately supervised;

(vi) Quality management;

(vii) Developing and implementing the budget;

(viii) Maintaining the physical plant; and

(ix) Keeping the governing body informed of, at minimum, the program's licensure status and performance; and

(e) Shall in collaboration with the clinical coordinator and program staff, identifying staff training needs and the provision of in-service training, as required under COMAR 14.31.06.05F, and, in addition, ensuring a minimum level of staff competence in at least the following:

(i) Understanding mental health disorders and treatment modalities, including medication;

(ii) The use of seclusion, restraint, and quiet room, in accordance with COMAR 10.21.12 and 10.21.13;

(iii) Verbal de-escalation and aggression management techniques and procedures;

(iv) Appropriate response to communicable diseases and use of universal precautions;

(v) Emergency preparedness and evacuation plans; and

(vi) Implementation of children's rights; and

(f) May carry out the duties of the clinical coordinator, in accordance with §C of this regulation, if the chief executive officer is:

(i) A licensed mental health professional;

(ii) On duty at the TGH at least 40 hours per week, 20 hours of which must be during times when program participants are normally on-site; and

(iii) If carrying out the duties of the clinical coordinator, shall hire an additional licensed mental health professional for at minimum, 20 hours per week to assist with the duties described under §C of this regulation.

C. *Clinical Coordinator.* If the chief executive officer is not the clinical coordinator, the chief executive officer shall hire a clinical coordinator who is:

(1) A licensed mental health professional;

(2) On duty at the TGH at least 20 hours per week during times when program participants are normally on-site; and

(3) Responsible for, at minimum:

(a) Development of treatment procedures, including admission and discharge procedures;

(b) Development of the individual treatment plan and individual treatment plan reviews, including appropriate

coordination with a program participant's:

(i) Individualized Education Program;

(ii) Individual treatment plan developed by the participant's mental health treatment providers; and

(iii) Medical care providers;

(c) Interpreting the program participant's assessments and evaluations to staff;

(d) Establishing and maintaining linkage with schools and community treatment providers;

(e) Establishing protocols for medical and psychiatric emergencies, and crisis response plans;

(f) Providing clinical supervision of staff; and

(g) If assigned by the TGH chief executive officer, maintenance of the therapeutic milieu described in Regulation

.05A(5)(b) of this chapter.

D. *TGH Psychiatrist.* The chief executive officer shall ensure the availability of a psychiatrist who:

(1) Has completed a residency in child psychiatry in an accredited program;

(2) As specified in the employment or consultant contract, is available:

(a) For the amount of time necessary to carry out the duties outlined in §D(3) of this regulation; and

(b) To respond to emergencies 24 hours per day, 7 days per week; and

(3) Is responsible for:

(a) Participation in the screening, assessment, admission, and discharge processes;

- (b) Formulating and documenting a diagnosis, in accordance with Regulation .06B of this chapter;
 - (c) Participation in the development and signing of a program participant's individual treatment plan and individual treatment plan reviews;
 - (d) Clinical supervision of those cases requiring face-to-face medical review;
 - (e) Consulting with staff regarding the maintenance of the therapeutic milieu;
 - (f) Review of medication utilization and corrective feedback when utilization is found to be inappropriate; and
 - (g) Medical aspects of quality management.
- E. Case Coordinator. The TGH chief executive officer shall employ a sufficient number of case coordinators, each of whom is:
- (1) Either a:
 - (a) Licensed mental health professional; or
 - (b) Residential care specialist in accordance with §F of this regulation and who:
 - (i) Has a minimum of a high school diploma or equivalent; and
 - (ii) Is supervised by a licensed mental health professional;
 - (2) Available to be with the program participant on site in the TGH, at least 4 days per week; and
 - (3) Responsible for the duties set forth in Regulation .07A of this chapter.
- F. Residential Care Specialists. The TGH chief executive officer shall employ a sufficient number of residential care specialists who:
- (1) As determined by the chief executive officer, have sufficient qualifications and experience to carry out the duties of the position;
 - (2) Have training applicable to the service, including, at minimum, training in accordance with §B(3)(g) of this regulation; and
 - (3) As permitted under the Health Occupations Article, Annotated Code of Maryland, and as privileged by the program, are available to carry out the residential services in accordance with Regulation .13 of this chapter.
- G. Program Coordinator. The TGH chief executive officer may employ a program coordinator, who shall be a licensed mental health professional, to manage the therapeutic milieu in accordance with §C(3) of this regulation.

.04 TGH Governance.

A. Governing Body.

- (1) An organization that is licensed by the Department under this chapter to operate a TGH shall be governed by a governing body that shall:
 - (a) Carry out the responsibilities under COMAR 14.31.06.04; and
 - (b) Either:
 - (i) Include the membership described under §B(1) of this regulation; or
 - (ii) Appoint an advisory committee for the TGH that includes the membership described under §B(1) of this regulation.
 - (2) The chairman of the governing body shall maintain documentation of:
 - (a) The legal form of organization of the operator of the TGH;
 - (b) The minutes of all regularly scheduled meetings; and
 - (c) Any registration required by the State Department of Assessments and Taxation to operate as a business in the State.

B. Advisory Committee.

- (1) When appointing an advisory committee under §A(1)(b)(ii) of this regulation, the governing body shall ensure that the committee is composed of members:
 - (a) That reflect the cultural and ethnic profile of the community or communities being served; and
 - (b) At least 1/3 of whom are individuals who are:
 - (i) Currently or were previously served by a TGH or other community-based behavioral health program;
 - (ii) Family members of individuals who are currently or were previously served by a TGH or other community-based behavioral health program; or
 - (iii) Members of a mental health advocacy organization.
 - (2) An advisory committee appointed under §B(1) of this regulation shall, at minimum:
 - (a) Establish and maintain a regular meeting schedule; and
 - (b) Advise the governing body regarding the duties described under COMAR 14.31.06.04.

.05 TGH Services.

A. The chief executive officer of a TGH shall ensure that program participants in the TGH receive:

- (1) Physical and dental examinations, care, and treatment for children who are:
 - (a) Eligible for Medical Assistance, services through the managed care organization, as required by COMAR 10.67.06;
- or
- (b) Not eligible for Medical Assistance, through written agreements with appropriate providers, as indicated under COMAR 01.04.04.19;
- (2) Services from an appropriate public or non-public education program, as indicated under COMAR 01.04.04.18B;
- (3) Services from a licensed mental health professional that are:

- (a) Regular, individual mental health treatment, according to the individual treatment plan developed by the licensed mental health professional; and
 - (b) Required by the child's individual treatment plan, for needed evaluations and consultations;
 - (4) Appropriate cultural and psychosocial developmental services that address the needs of the participant;
 - (5) Services provided by staff who:
 - (a) As determined by the program, are appropriately credentialed and privileged; and
 - (b) Organize and manage the therapeutic milieu to:
 - (i) Foster clinically appropriate social, cognitive, emotional, and physical growth;
 - (ii) Handle aggression in a non-punitive manner that promotes growth and learning;
 - (iii) Reinforce the participant's ability to function with peers in a social environment;
 - (iv) Model and provide opportunities for children to behave in age-appropriate ways, such as assuming responsibility for carrying out routine activities, exhibiting independence and initiative in planning their own activities, getting along with others, and demonstrating age-appropriate social skills;
 - (v) Facilitate the participant's awareness of appropriate behavior in a predictable, constructive, and timely manner;
 - and
 - (vi) Help participants to make choices and to negotiate disagreements among themselves, rather than resolving conflicts for them;
 - (6) Services provided in an environment that is:
 - (a) Consistent with existing standards of program design; and
 - (b) Organized consistent with the learning styles and developmental needs of the child; and
 - (7) Services designed to foster positive relationships between the program participant and their parents or guardians and, if other than a parent, their primary caretaker, and the anticipated post-placement caretaker.
- B. Program Services. TGH program services include:
- (1) Evaluative services in accordance with Regulation .06 of this chapter;
 - (2) Treatment and support services in accordance with Regulation .07 of this chapter; and
 - (3) Residential services in accordance with Regulation .08 of this chapter.

.06 Evaluative Services Provided by the TGH.

A. Therapeutic Milieu. The clinical coordinator shall ensure maintenance of the therapeutic milieu in order to foster achievement of a program participant's treatment goals.

B. Diagnosis. Within 1 week of a program participant's admission to the TGH, the clinical coordinator shall ensure that a staff member authorized under the Health Occupations Article, Annotated Code of Maryland, and credentialed and privileged by the program to formulate a psychiatric diagnosis, shall:

- (1) Formulate and document in the program participant's medical record a diagnosis based on an in person assessment of the participant, that includes:
 - (a) A description of the presenting problem;
 - (b) Relevant history;
 - (c) Mental status examination; and
 - (d) The rationale for the diagnosis; or
- (2) Affirm the psychiatric diagnosis documented as part of the application for admission under Regulation .09B(3) of this chapter that has been entered in the participant's medical record.

C. Assessment. Using the evaluation materials submitted as part of the application for admission, before or within 1 week of the program participant's admission to the TGH, the TGH clinical coordinator shall ensure the completion of an assessment that includes, as indicated, an assessment of the child's:

- (1) Developmental history;
- (2) Educational history;
- (3) Family history and evaluation of current family status, including legal custody status;
- (4) Home environment;
- (5) Social, emotional, and cognitive development;
- (6) Motor, language, and self-care skills development;
- (7) History, if any, of:
 - (a) Substance related disorder;
 - (b) Physical or sexual abuse; and
 - (c) Home or community violence;
- (8) Local Department of Social Services or Department of Juvenile Services involvement, if any;
- (9) Mental status; and
- (10) Medical history and needs, including, if any, history of allergies, neurologic disorders, and communicable diseases.

.07 Initial Brief TGH Treatment Plan.

No later than 1 week following admission, the TGH clinical coordinator shall prepare an initial brief treatment plan

A. Based on the:

- (1) Application materials submitted as required under Regulation .09B of this chapter; and

(2) Assessment conducted under Regulation .06 of this chapter.

B. In collaboration with:

- (1) The program participant;
- (2) The participant's primary caretaker;
- (3) Appropriate TGH staff; and
- (4) As appropriate and with proper consent, interested and available community treatment providers; and

C. That includes, at minimum:

- (1) The treatment goals expressed by the referring agency, if any;
- (2) The process of orientation to the TGH; and
- (3) Initial expectations regarding the program participant's adjustment to residential placement.

.08 TGH Individual Treatment Plan.

A. At minimum, the following individuals shall participate on a program participant's treatment team:

- (1) The TGH psychiatrist;
- (2) The clinical coordinator;
- (3) The participant's case coordinator; and
- (4) Other TGH staff who are involved in providing services to the participant and their family.

B. The clinical coordinator shall invite, as appropriate and with proper consent, family members and community-based providers of services to the child, including but not limited to school and mental health treatment staff, to participate as members of the participant's treatment team.

C. Initial Individual Treatment Plan. Within 30 days after a program participant is admitted to a TGH and based on the initial brief treatment plan and current observations and reports, the TGH clinical coordinator shall prepare an individual treatment plan to be addressed by TGH staff:

(1) In collaboration with:

- (a) The participant;
- (b) The treatment team;
- (c) If present and as appropriate, the participant's primary caretaker, family and others involved in the participant's care; and
- (d) Other providers of care or treatment;

(2) That identifies the:

- (a) Providers of mental health treatment;
- (b) Providers of medical and dental care;
- (c) Educational program; and
- (d) TGH case coordinator;

(3) That is coordinated with the participant's:

- (a) Individualized Educational Plan, when applicable;
- (b) Individual treatment plan prepared by mental health treatment providers; and
- (c) Medical care provider;

(4) That documents the following information:

(a) Based on the physical examination required under Regulation .05A of this chapter, somatic care recommendations, including any medication prescribed and precautions;

- (b) Nutritional requirements and limitations, if any; and
- (c) Essential medical or non-medical treatments or procedures, if any;

(5) That includes, at minimum:

(a) The psychiatric diagnosis, as documented under §B of this regulation, in consultation with the providers of mental health treatment;

(b) A description of the participant's current behavior, symptoms, and level of functioning that includes the participant's presenting strengths, needs, and treatment expectations and responsibilities;

- (c) A description of the family's or significant others' strengths and needs, as they relate to the participant;
- (d) When appropriate, identification of particular behaviors that result or may be expected to result from the participant's psychiatric symptoms;

(e) Based on consultation with the providers of education and mental health treatment, short-term and long-term mental health treatment goals that are outcome-oriented and that are stated in behavioral, measurable terms;

- (f) As needed, other goals related to family, socialization, and recreation, and activities of daily living; and
- (g) Identification of any medication prescribed for the treatment of a mental disorder and required monitoring of same;

and

(6) That specifies treatment strategies to be provided by TGH staff, including:

- (a) Recommended modality and frequency of interventions;
- (b) Target dates for goal achievement;
- (c) The designation of TGH staff responsible for implementing the elements of the plan; and
- (d) When appropriate, identification of, referral to, and collaboration with other services to support the child's treatment.

D. Individual Treatment Plan Review. As frequently as necessary, as determined by the TGH clinical coordinator, and, at a minimum of every 90 days, at a treatment team meeting with, unless clinically contraindicated, the program participant, the clinical coordinator shall:

(1) Review and record in the participant's medical record:

(a) The participant's progress toward the accomplishment of previously identified mental health treatment and other goals;

(b) Goal changes based on a review of progress;

(c) Changes in treatment strategies; and

(d) Changes in diagnosis; and

(2) Communicate the results of the treatment plan review to:

(a) The participant, if they did not attend the individual treatment plan review team meeting;

(b) The primary caretaker, if present;

(c) Relevant program staff; and

(d) The providers of mental health treatment services.

E. Signature of the Individual Treatment Plan and Individual Treatment Plan Reviews.

(1) The program participant and their parent or guardian shall sign or tape-record agreement or disagreement with the individual treatment plan and reviews.

(2) A program participant's primary caretaker, if other than the parent or guardian, shall sign or tape-record acknowledgment of the individual treatment plan and reviews.

(3) In addition, the following TGH staff shall sign the individual treatment plan and reviews:

(a) Psychiatrist;

(b) Clinical coordinator; and

(c) Case coordinator.

(4) If the program participant's parent, guardian, or primary caretaker does not sign the individual treatment plan or individual treatment plan reviews, staff shall document efforts to obtain the signature and reason why the signature could not be obtained.

F. Continuing Evaluation.

(1) Contact Notes. Staff involved in the contact shall document in the program participant's TGH medical record all significant clinically relevant in person, telehealth, telephone, and written contacts with or about the participant, including the dates, locations, and types of contacts.

(2) Progress Summary Notes. At least every 2 weeks, a program participant's case coordinator shall:

(a) Record in the participant's TGH medical record a progress summary note regarding:

(i) The delivery of services specified by the individual treatment plan;

(ii) Progress toward goal achievement;

(iii) Changes in the participant's status; and

(iv) If applicable, suggested changes in treatment goals and services delivered; and

(b) Ensure that the child's needs and progress are communicated to those listed under §E of this regulation.

.09 Treatment and Support Services Provided by the TGH.

A. Case Coordination. The TGH clinical director shall ensure that a program participant's case coordinator:

(1) Integrates appropriate therapeutic and educational services into the participant's individual treatment plan by coordinating with the participant's previous placement provider, school, clinic, or other mental health providers, and, if any, employer;

(2) Makes home visits and meets with the primary caretaker to ameliorate problems in the home and facilitate reunification; and

(3) Participates in treatment team meetings for the purposes of collaborating in service delivery and advocating for the participant.

B. Group Therapy. Appropriately credentialed and privileged TGH staff or consultants shall, at least weekly at the TGH, provide group therapy that, unless otherwise indicated in the program participant's individual treatment plan, includes every program participant in the TGH.

C. Psychoeducational Groups. As required by the program participant's individual treatment plan, the participant's care coordinator shall ensure that the participant has the opportunity to participate in appropriate groups for children who have special needs, including but not limited to groups for children who have been affected by:

(1) Substance use disorder;

(2) Sexual assault;

(3) Physical abuse; or

(4) Home or community violence.

D. Medication Services.

(1) The TGH clinical coordinator shall ensure that medications prescribed for a program participant are stored securely and made available to the participant as appropriate.

(2) Administration. If a program participant's individual treatment plan requires that TGH staff administer medication, the following requirements apply:

- (a) Only an individual licensed under the Health Occupations Article, Annotated Code of Maryland, to administer medication may do so;
- (b) A licensed practical nurse or a registered nurse may delegate the administration of medication according to the provisions of COMAR 10.27.11; and
- (c) An advanced practice registered nurse may delegate the administration of medication according to the provisions of COMAR 10.27.28.

(3) Monitoring. When required by the program participant's individual treatment plan, a TGH staff member privileged to do so shall provide the following services:

- (a) Supporting the participant's self-administration of prescribed medication;
- (b) To the extent possible, monitoring compliance with instructions appearing on the label;
- (c) Reading the label to ensure that each container of medication is clearly labeled with the participant's name, the contents, directions for use, and expiration date;
- (d) Observing and documenting any apparent reactions to medication and, either verbally or in writing and in a timely fashion, communicating to the prescribing authority and TGH psychiatrist any problems that possibly may be related to the medication; and

(e) Reinforcing education on the role and effects of medication in symptom management.

E. Health Promotion and Training.

(1) When indicated in the program participant's individual treatment plan, TGH staff privileged to do so shall provide basic health teaching in the following areas:

- (a) Nutrition;
- (b) Exercise;
- (c) Dental care;
- (d) Substance use prevention; and
- (e) Prevention of injury and illness at home and in the community.

(2) The clinical coordinator shall ensure the provision of training in communicable disease prevention, including prevention of sexually transmitted diseases and blood-borne pathogens, including HIV/AIDS.

F. Discharge Procedures. A TGH shall:

- (1) Carry out discharge planning in accordance with COMAR 14.31.06.17; and
- (2) If appropriate, forward a copy of each discharge plan to the appropriate local authority and the Administration.

.10 Residential Services.

A. General. The TGH chief executive officer shall ensure that:

- (1) Basic life needs are met, according to the requirements of COMAR 01.04.04.17; and
- (2) Communication, visiting policies, and daily routines are implemented according to the requirements of:
 - (a) Health-General Article, §§10-702—10-703, Annotated Code of Maryland;
 - (b) COMAR 10.21.09; and
 - (c) COMAR 14.31.06.09B.

B. Supervision. The chief executive officer shall ensure that TGH staff, as defined in Regulation .03 of this chapter, provide supervision for each program participant not participating in a program outside the TGH, as follows:

- (1) During hours that participants are awake and in the TGH, at least 1 staff member shall be present for every 3 children in the TGH;
- (2) During children's sleeping hours, at least 1 awake staff member shall be present in the TGH; and
- (3) At all times, at least 1 staff member shall be available, at the request of on-duty staff, to arrive at the TGH within 1 hour of the request.

C. Activity. As required under COMAR 14.31.06.05H, the clinical coordinator shall assign staff to plan and implement daily activities that utilize the therapeutic milieu to foster clinically appropriate social, cognitive, emotional, and physical growth, including but not limited to:

- (1) Group and self-directed leisure activities, both on-site and off-site, including activities related to sports and the arts;
- (2) Working with participants to develop an activities schedule, including:
 - (a) Weekend and vacation plans; and
 - (b) Activities that support the participant's cultural interests; and
- (3) Developing linkages with and supporting a participant's participation in community activities.

D. Homework. TGH program staff shall supervise and assist a program participant's with homework:

- (1) Based on the participant's needs; and
- (2) By coordinating with the participant's school.

E. Independent Living Skills. As required under COMAR 14.31.06.12C, in order to assist a program participant to develop the skills required to live independently as an adult, and as appropriate to a participant's age and ability, the chief executive officer shall assign TGH staff to provide activities related to:

- (1) Home keeping, including:
 - (a) Meal preparation, including:
 - (i) Menu planning;
 - (ii) Shopping;

- (iii) Cooking; and
- (iv) Cleaning up;
- (b) Laundry; and
- (c) Basic housekeeping;
- (2) Personal hygiene;
- (3) Money-management, including basic banking knowledge;
- (4) Self-preservation; and
- (5) Accessing community resources, including locating and using public transportation.

F. *Work Experience.* A TGH that arranges a work experience for a program participant shall follow the procedure in COMAR 14.31.06.12D.

.11 TGH License.

A. *To be licensed as a TGH, an organization shall obtain a license from the Department under the provisions of this chapter and COMAR 14.31.05 for each TGH site in which program participants reside.*

B. *The Secretary shall grant a license to an applicant to operate a TGH if the applicant fulfills the requirements for:*

- (1) *Licensure under COMAR 14.31.05; and*
- (2) *Service and staffing under this chapter.*

.12 TGH License - Proposal and Designation of Lead Agency.

A. *Proposal.*

(1) *An individual or organization that proposes to provide therapeutic living services for program participants in a TGH shall:*

- (a) *Direct an initial inquiry for obtaining a license to the GOC, in accordance with COMAR 14.31.05.05; and*
- (b) *Submit to GOC, in accordance with COMAR 14.31.05.05, a proposal describing the:*
 - (i) *Physical plant in which the program participants will reside; and*
 - (ii) *Program service plan, as described in Regulation .11C of this chapter.*

(2) *GOC shall designate a lead agency.*

B. *Lead Agency.* If GOC designates the Department as lead agency, on receipt of the proposal submitted under §A of this regulation, the Secretary shall notify the Deputy Secretary of the Administration, who shall:

- (1) *Forward a copy of the proposal to:*
 - (a) *The local authority director, if appropriate; and*
 - (b) *The designated licensure unit of the Department; and*
- (2) *Within 2 weeks, send the applicant the Department application form and instructions.*

.13 Licensure Process.

A. *Consultation.* If the Administration is the designated lead agency, an applicant for licensure for a TGH, before submitting an application, may request assistance from the designated licensure unit of the Department, the appropriate local authority, or the Administration regarding the proper compilation of application materials and completion of the application.

B. *Application.* An applicant for licensure of a TGH shall:

- (1) *Submit, to the Department's designated licensure unit, a signed, notarized application on the form approved by the Department with all questions answered and all required documents attached;*
- (2) *Include in the application:*
 - (a) *The applicant's name;*
 - (b) *Agency affiliation, if any; and*
 - (c) *Address;*
- (3) *Documentation:*
 - (a) *Of the applicant's not-for-profit status; and*
 - (b) *That the applicant has sufficient financial resources or that sufficient resources are available to the applicant for the establishment and operation of the residence;*
 - (c) *The following information about the property:*
 - (i) *The street address of the location of the TGH or, if it has no street address, a description that adequately identifies the location of the property; and*
 - (ii) *If the applicant does not own the property, the name and address of the owner;*
 - (d) *The satisfactory fire, safety, and health inspection reports, not more than 1 year old, of the TGH that are required by the local jurisdiction;*
 - (e) *Written material that describes how the applicant intends to comply with the requirements outlined in:*
 - (i) *COMAR 14.31.05; and*
 - (ii) *This chapter;*
 - (f) *An explanation of the need for the TGH, including, if the jurisdiction in which the TGH is to be located is served by a local authority, a letter of intent that explains how the TGH meets a need identified in the Administration-approved local authority plan;*
 - (g) *When applicable, documentation that the TGH will collaborate with the local authority, as required under Regulation .12 of this chapter;*

(h) Documentation that the TGH:

(i) Is near transportation facilities, or has a plan for the provision of transportation services based on the needs of program participants; and

(ii) Meets, or upon completion will meet, general zoning requirements regarding size, density, land use, and architectural guidelines that apply to the site;

(i) The applicant's program service plan, as outlined in §C of this regulation; and

(j) Forward a copy of the:

(i) Application cover letter to the Administration; and

(ii) Application to the local authority, if the jurisdiction in which the TGH is to be located is served by a local authority or administration, if the jurisdiction in which the TGH is to be located is not served by a local authority.

C. Program Service Plan (PSP). On the form approved by the Administration, as part of the application, a TGH shall submit a PSP that includes:

(1) If appropriate, a copy of the articles of incorporation, organizational chart, bylaws, and list of the members, including officers, of the governing body;

(2) Documentation that at least 1/3 of the members of either the governing body or an advisory committee includes representation of consumers, former consumers, or family members;

(3) The proposed budget for the TGH;

(4) A description of:

(a) The number of program participants, as well as their age groups and other relevant characteristics, that the TGH expects to serve;

(b) The geographic area to be served;

(c) The goals, objectives, and expected outcomes of the program;

(d) The plan for the provision of the following services:

(i) Medical;

(ii) Dental;

(iii) Required education;

(iv) Social and recreational;

(v) Nutritional; and

(vi) Mental health treatment;

(e) The method for linkage with service providers and community resources, including, when applicable, written agreements with inpatient facilities and other providers of somatic health, mental health, and social services;

(f) The methods by which quality, including risk management and utilization review, are ensured; and

(g) A list of staff positions, their job descriptions and educational and clinical training requirements, and staffing patterns, including an organizational chart detailing lines of authority and responsibility.

.14 Collaboration with Local Authority.

A. If the jurisdiction in which a TGH is located is served by a local authority, the governing body shall document that the program shall:

(1) Submit the following information to the local authority:

(a) Documentation that the program budget is adequate to support the program's ability to provide authorized services;

(b) The program service plan;

(c) Data that incorporates outcome measures; and

(d) A yearly summary that, at a minimum, includes:

(i) Relevant financial statements or documentation of an audit that certifies that the TGH is fiscally sound;

(ii) Program planning and evaluation, as identified in COMAR 14.31.06.19; and

(iii) Service utilization data;

(2) Collaborate with the local authority in:

(a) The process developed by the local authority for screening and exploring alternatives for a program participant served by the TGH for whom inpatient facility admission is being initiated;

(b) The local authority's protocol for resolution of conflict between the TGH and:

(i) The program participant or family of a child served; and

(ii) Another program or agency; and

(c) The local authority's procedures for prevention of the appearance or occurrence of conflict of interest in the operation and oversight of the program's provision of mental health services;

(3) Contract, as necessary, with the local authority; and

(4) Make available to the local authority any medical records that are needed by the local authority for the purpose of:

(a) Assessing the quality of care; or

(b) Investigating a complaint or grievance.

B. If the jurisdiction in which a TGH is located is not served by a local authority, the chairman of the governing body shall document that the program shall submit information to and collaborate with the Administration, as required under this regulation.

.15 Site and Document Requirements.

An organization licensed as a TGH under this chapter shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and*
- B. Documentation requirements in accordance with COMAR 10.63.04.*

10.63.35 Opioid Treatment Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, 10-901, and 10-1402, Annotated Code of Maryland

.01 Opioid Treatment Program (OTP) Definitions.

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

B. Terms Defined.

- (1) "Administration" means the Behavioral Health Administration within the Department that provides oversight to organizations that are licensed in accordance with this subtitle.*
- (2) "Assessment" means the process of ascertaining the treatment needs of an individual seeking behavioral health services.*
- (3) "Certification" means the approval issued to a program by the Administration to provide services under this subtitle.*
- (4) "Clinical director" means the individual who is responsible for the therapeutic and rehabilitative aspects and direction of a program.*
- (5) "Clinical supervisor" means a licensed mental health professional approved by the Board of Professional Counselors and Therapists, the Board of Physicians, the Board of Social Work Examiners, or the Board of Examiners of Psychologists as a supervisor.*
- (6) "Community-based" means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.*
- (7) "Drug" means:*
 - (a) A controlled dangerous substance that is regulated under the Maryland Controlled Dangerous Substances Act, Criminal Law Article, §§5-101—5-1101, Annotated Code of Maryland;*
 - (b) A prescription medication; or*
 - (c) A chemical substance when used for unintended and harmful purposes.*
- (8) "License" means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.*
- (9) "Licensed mental health professional" means:*
 - (a) A psychiatrist; or*
 - (b) A practitioner authorized under Health Occupations Article, Annotated Code of Maryland, who has specialty in the diagnosis and treatment of mental health, addictive, substance-related, or co-occurring disorders.*
- (10) "Medical director" means an individual licensed in accordance with Health Occupations Title, Annotated Code of Maryland who oversees the operation of a community-based behavioral health program.*
- (11) Medication Monitoring:*
 - (a) "Medication monitoring" means:*
 - (i) Providing face-to-face assistance to an individual to achieve compliance with treatment with all prescribed psychiatric or somatic medications; and*
 - (ii) As needed, reviewing the individual's existing medication regimen with the appropriate physician.*
 - (b) "Medication monitoring" does not mean:*
 - (i) Prescribing medication;*
 - (ii) Measuring or pouring medicine;*
 - (iii) Preparation of a syringe for injection; or*
 - (iv) Administration of medication.*
- (12) "Medications for Opioid Use Disorder" (MOUD) means an approach to opioid use treatment that uses FDA-approved medications as the treatment for people diagnosed with opioid use disorder.*
- (13) "Organization" means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.*
- (14) "Participant" means an individual receiving behavioral health services in a community-based program.*
- (15) "Program director" means the individual who has over-all responsibility for the day-to-day activities of the program, including staff, records, policies, and procedures.*
- (16) "Program" means a named set of services operated by an organization inclusive of:*
 - (a) A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;*
 - (b) A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;*
 - (c) An addictive disorders program; and*
 - (d) A combination of (a)—(c).*
- (17) "Public Behavioral Health System" means the system that provides medically necessary behavioral health services for Medical Assistance participants and certain other uninsured individuals.*

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

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

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

(21) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

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

(b) Managing withdrawal symptoms; and

(c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 OTP Description.

A. An organization licensed under this subtitle to provide opioid treatment program (OTP) services shall:

(1) Use pharmacological interventions, including dispensing of full and partial opioid agonist treatment medications as part of treatment, support, and recovery services to a program participant with an opioid addiction; and

(2) Comply with 42 CFR §8.12.

B. OTP services are a licensed service that may be offered by the following licensed programs:

(1) Intensive Outpatient Treatment Level 2.1 programs;

(2) Outpatient Treatment Level 1 programs;

(3) Partial Hospitalization Treatment Level 2.5 programs;

(4) Residential: Low Intensity Level 3.1 programs;

(5) Residential: Medium intensity Level 3.3 programs;

(6) Residential: High intensity Level 3.5 programs; or

(7) Residential: Intensive Level 3.7.

.03 OTP Staffing Requirements.

A. Required Positions. An organization licensed under this subtitle to provide OTP services shall employ, at minimum, the staff in §§B—G of this regulation.

B. Program Director. A program director:

(1) Shall meet the general staffing requirements in accordance with COMAR 10.63.03;

(2) Shall meet the program director requirements in accordance with COMAR 10.63.03.07; and

(3) May serve as the clinical director.

C. Clinical Director. A clinical director:

(1) Shall meet the general staffing requirements in accordance with COMAR 10.63.03;

(2) Shall meet the clinical director requirements in accordance with COMAR 10.63.03.06; and

(3) May serve as the clinical supervisor if they meet the requirements of §D of this regulation.

D. Licensed Clinical Supervisor.

(1) A licensed clinical supervisor shall meet:

(a) The general staffing requirements in accordance with COMAR 10.63.03; and

(b) One of the conditions in §D(2) of this regulation.

(2) A licensed clinical supervisor shall meet either:

(a) The licensed mental health professional and clinical supervisor requirements in accordance with COMAR 10.63.03.09; or

(b) The substance related disorder clinical supervisor requirements in accordance with COMAR 10.63.03.14.

E. Medical Director.

(1) An OTP shall have a medical director who shall:

(a) Be a physician licensed in the State in accordance with Health Occupations Article, Title 14, Annotated Code of Maryland;

(b) Comply with the requirements of 42 CFR §8;

(c) Meet the general staffing requirements in accordance with COMAR 10.63.03;

(d) Have completed an accredited residency training program;

(e) Have 1 year of documented OTP experience; and

(f) Meets one of the conditions in §E(2) of this regulation.

(2) An OTP medical director shall have either:

(a) Achieved board-certification in addiction medicine through:

(i) The American Board of Addiction Medicine;

(ii) The American Board of Preventive Medicine; or

(iii) The American Osteopathic Association; or

(b) Achieved board-certification in addiction psychiatry through the American Board of Psychiatry and Neurology.

(3) Interim Medical Director. An OTP unable to hire a medical director who meets the criteria set forth in §E(1) of this regulation, may hire an interim medical director for no more than 1 year, under the following conditions:

(a) The OTP shall submit a training plan for the interim medical director to the Administration for approval by the Administration's medical director and the State Opioid Treatment Authority;

(b) The training plan for the interim medical director shall provide a means for achieving minimal competencies and proficiencies until the interim medical director meets qualifications set forth in §E(1) of this regulation; and

(c) The OTP shall provide documentation verifying 960 hours or more of experience by the interim medical director in providing services to persons with opioid use disorders with full or partial opioid agonist pharmacotherapy or other pharmacotherapies that are controlled substances approved by the federal Food and Drug Administration for opioid use disorder.

F. Nursing Staff. An OTP shall have nursing staff who are licensed in accordance with Title 8 of the Health Occupations Article, Annotated Code of Maryland as a:

(1) Registered Nurse;

(2) Licensed Practical Nurse; or

(3) Certified Registered Nurse Practitioner-Psychiatric Mental Health; and

(4) Shall meet the general staffing requirements in accordance with COMAR 10.63.03.

G. Counseling Staff. An OTP shall have counseling staff who:

(1) Shall meet the general staffing requirements in accordance with COMAR 10.63.03; and

(2) Shall meet the licensed mental health professionals requirements in accordance with COMAR 10.63.03.09;

(3) Shall provide clinical services to each program participant at a frequency based on the participant's clinical stability level; and

(4) May not exceed an overall program average of 50 program participants to 1 counselor ratio.

.04 OTP Services.

A. Program Services. OTP services shall include:

(1) Consent for services in accordance with COMAR 10.63.04.03D;

(2) A comprehensive assessment in accordance with COMAR 10.63.04.03E which includes the ASAM Level of Care assessment at admission;

(3) An individual care plan in accordance with COMAR 10.63.04.03H and §B of this regulation;

(4) Dispensing and transportation of opioid maintenance medication in accordance with Regulation .05A of this chapter;

(5) Drug testing in accordance with Regulation .05B of this chapter;

(6) For each program participant:

(a) An assigned counselor; and

(b) At minimum, one scheduled face-to-face clinical counseling session per month; and

(c) At least annually, education to program participants on the importance of locked medications for opioid use disorder storage and medication security;

(7) Dispensing of methadone and other medications for opioid use disorder in accordance with Regulation .05C of this chapter; and

(8) Providing 24-hour telephone emergency dose verification, by program staff authorized to access the participant's medical record.

B. Individual Care Plan.

(1) The program participant's individual care plan shall be:

(a) Based on a comprehensive assessment completed at admission; and

(b) Completed and signed by the alcohol and drug counselor and the program participant within 7 business days of the comprehensive assessment.

(2) The individual care plan shall updated in collaboration with the program participant, at minimum:

(a) Every 6 months; or

(b) Sooner, if there is a significant change in treatment approach.

.05 Dispensing and Transportation of Opioid Maintenance Medication.

A. Transportation of Opioid Maintenance Medication. In accordance with 21 CFR §1300, et seq., the OTP shall arrange for any opioid maintenance medication dispensed to a program participant to be transported to the following service sites:

(1) Residential programs licensed to provide Levels 3.3, 3.5, and 3.7 services in accordance with this subtitle;

(2) Withdrawal management services licensed to provide ASAM levels 3.2-WM and 3.7-WM services in accordance with COMAR 10.63.36;

(3) Residential programs licensed to provide ASAM level 3.1 services, in accordance with this COMAR 10.63.29, when the program participant, 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; and

(4) Nursing and other intermediate care facilities, assisted living facilities, residential crisis facilities, rehabilitation facilities, or any residential program licensed by the Department, unless specifically exempted in Statute or regulation.

B. Drug Testing. An OTP shall conduct random drug testing on each program participant:

(1) At least monthly;

(2) According to the provisions of COMAR 10.10.03.02; and

(3) Which shall include at minimum testing for the following substances:

- (a) Benzodiazepines;
- (b) Marijuana;
- (c) Cocaine;
- (d) Opioids;
- (e) Alcohol;
- (f) Methadone;
- (g) Buprenorphine;
- (h) Oxycodone;
- (i) Fentanyl; and

(j) Other substances as identified by the Department.

C. Dispense Methadone and Other Medications for Opioid Use Disorder.

(1) A registered nurse or licensed practical nurse working in an OTP licensed by the Secretary under this subtitle may dispense methadone and other opioid use disorder medications approved by the federal Drug Enforcement Agency (DEA) in accordance with:

- (a) The program participants standing medication order;
- (b) The OTP'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 an OTP licensed by the Secretary under this subtitle 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 program participant information documents.

(3) A registered nurse or licensed practical nurse working in a licensed OTP shall maintain records of methadone and other 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.

(5) Medications may be dispensed for "take-home" as described in 42 CFR §8.12(4)(i).

.06 Tapering of MOUD.

A. An OTP shall develop a taper schedule at least 21 days long with daily dosage reductions less than 5 percent of the original total dose, regardless of the program participant's ability to pay.

B. An OTP may only conduct a non-voluntary taper or transfer of a program participant if:

- (1) The Department's State Opioid Treatment Authority has been notified;
- (2) The program participant has been informed in writing and counseled as to their responsibility and possible sanctions, including taper, and
- (3) The program participant:
 - (a) Demonstrates abusive, violent, or illegal behavior on the program premises;
 - (b) Makes overt threats;
 - (c) Misses three consecutive medication days, and the OTP physician, after re-evaluation, has determined that non-voluntary taper is warranted;
 - (d) The OTP Medical Director determines that the participant is acting against medical advice in a manner which endangers the participant;

(e) Failure to pay fees when the OTP has assisted the program participant in applying to the State ASO for uninsured coverage under the Public Behavioral Health System; or

(f) The program participant has been determined by the ASO to be ineligible.

C. OTP staff shall document reasons for voluntary or involuntary taper, and the clinical interventions associated with tapering in the program participant's record.

.07 Mobile Methadone or Methadone Medication Unit.

A. An OTP electing to provide Mobile Methadone Services or a Medication Unit shall inform the Administration's Office of Licensing in writing of their intent to deliver this service prior to commencing services.

B. A licensed OTP may operate a Narcotic Treatment Program with Mobile Components or a Medication Unit only if registered from their originating licensed program site and as permitted by the Drug Enforcement Agency regulations in accordance with 21 CFR §§1300, 1301, 1304.

.08 OTP Licensure Process.

To be licensed as an OTP under this subtitle, an organization shall:

A. Meet the licensing requirements in accordance with COMAR 10.63.06;

B. Receive OTP certification from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment in accordance with 21 U.S.C. §823(g)(1) and 42 CFR §8.11;

- C. Receive Drug Enforcement Administration Registration in accordance with 21 USC §822; and
- D. Receive clinic licensure from the Department's Office of Controlled Substances Administration in accordance with Criminal Law Article, §5-301, Annotated Code of Maryland.

.09 OTP Site and Documentation Requirements.

An organization licensed as an OTP under this subtitle shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.36 Withdrawal Management Service

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402

.01 Definitions.

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

B. Terms Defined.

(1) Addictive Disorder.

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

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

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

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

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

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

(6) "Integrated behavioral health program" means to provide comprehensive care for individuals who may have a mental health diagnosis, a substance-related disorder, or often, both at the same time.

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

(8) "Mental Health Program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

(9) "Opioid Treatment Program Services" means a program that:

(a) Is licensed by the State under Health-General Article, §7.5-401, Annotated Code of Maryland;

(b) Is authorized to treat patients with opioid dependence with a medication approved by the federal Food and Drug Administration for opioid dependence;

(c) Complies with:

(i) The Code of Federal Regulations 42, Part 8;

(ii) COMAR 10.63.13; and

(iii) Requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Division of Drug Control; and

(d) Has been granted a certification for operation by the Department, the federal Substance Abuse and Mental Health Services Administration, and the Federal Center for Substance Abuse Treatment.

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

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

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)–(c).

(13) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

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

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

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

(18) "Withdrawal management" means direct or indirect services for an acutely intoxicated individual to fulfill the physical, social, and emotional needs of an individual by:

- (a) Monitoring the amount of alcohol and other toxic agents in the body of the individual;
- (b) Managing withdrawal symptoms; and
- (c) Motivating an individual to participate in appropriate substance-related disorder programs.

.02 Withdrawal Management Program Description.

A. An organization licensed under this subtitle to provide withdrawal management (WM) services shall be designed to provide medical and behavioral health care to program participants who are experiencing withdrawal symptoms as a result of ceasing or reducing their substance use.

B. An organization shall be licensed for one or more of the following American Society of Addiction Medicine Criteria Levels of Care:

- (1) Level 1-WM, ambulatory withdrawal management without extended on-site monitoring;
- (2) Level 2-WM, ambulatory withdrawal management with extended on-site monitoring;
- (3) Level 3.2-WM, clinically-managed residential withdrawal management;
- (4) Level 3.7-WM, medically-monitored residential withdrawal management; or
- (5) Integrated Behavioral Health.

.03 Withdrawal Management Staffing Requirements.

An organization licensed under this subtitle to provide Level 1-WM, Level 2-WM, and Level 3-WM services shall employ, at minimum, a physician, physician assistant, or nurse practitioner who shall:

- A. Meet the general staffing requirements in accordance with COMAR 10.63.03; and
- B. Be licensed in the State under Health Occupations Article, Annotated Code of Maryland.

.04 Withdrawal Management Program Services.

A licensed WM program shall:

- A. Obtain a comprehensive medical history and physical examination of the program participant at admission;
- B. Monitor the decreasing amount of psychoactive substances in the body of the program participant;
- C. Manage the program participant's withdrawal symptoms;
- D. Motivate the program participant to participate in appropriate treatment programs for alcohol or other drug dependence; and
- E. Provide additional referrals as needed.

.05 Withdrawal Management Licensure Process.

An organization licensed under this subtitle to operate an WM program shall:

- A. Meet the licensing requirements in accordance with COMAR 10.63.06; and
- B. Meet the requirements for an:
 - (1) Integrated Behavioral Health Program, in accordance with COMAR 10.63.12;
 - (2) Intensive Outpatient Treatment Level 2.1 substance-related disorder treatment program, in accordance with COMAR 10.63.13;
 - (3) Outpatient Level 1.0 substance-related disorder treatment program, in accordance with COMAR 10.63.17;
 - (4) Partial Hospitalization Level 2.5 substance-related disorder treatment program, in accordance with COMAR 10.63.18;
 - (5) Substance-Related Disorder - Residential Crisis Services Program, in accordance with COMAR 10.63.28;
 - (6) Residential Level 3.1 substance-related disorder treatment program, in accordance with COMAR 10.63.29;
 - (7) Residential Level 3.3 substance-related disorder treatment program, in accordance with COMAR 10.63.30;
 - (8) Residential Level 3.5 substance-related disorder treatment program, in accordance with COMAR 10.63.31;
 - (9) Residential Level 3.7 substance-related disorder treatment program, in accordance with COMAR 10.63.32; or
 - (10) Opioid Treatment Program, in accordance with COMAR 10.63.25.

.06 Withdrawal Management Site and Documentation Requirements.

An organization licensed under this subtitle to provide WM shall meet:

- A. Site requirements in accordance with COMAR 10.63.05; and
- B. Documentation requirements in accordance with COMAR 10.63.04.

10.63.36 Mental Health Intensive Outpatient Program

Authority: Health-General Article, §§2-104(b), 7.5-204, 8-402, 8-404, and 10-901, and 10-1402

.01 Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.

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

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

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

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

(5) "Mental Health Program" has the meaning stated in Health-General Article, §7.5-101, Annotated Code of Maryland.

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

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

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

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

(10) "Referral" means a contact made by an individual, or on behalf of an individual, for behavioral health or other services.

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

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

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

.02 Mental Health Intensive Outpatient Program Description.

A. An organization licensed under this subtitle to provide mental health intensive outpatient program (MH IOP) services shall be designed to provide structured, medically necessary, and appropriate intensive outpatient mental health treatment based on a comprehensive assessment for program participants.

B. An MH-IOP shall provide structured treatment services to program participants who require treatment:

a. From 9 to 20 hours weekly for adults receiving intensive outpatient behavioral health services; and

b. From 6 to 20 hours weekly for minors receiving intensive outpatient behavioral health services, based on the minors' developmental and clinical needs.

C. An organization shall be licensed for one or more of the following services

a. Integrated Behavioral Health Program, in accordance with COMAR 10.63.12;

b. Mental Health Partial Hospitalization Program, in accordance with COMAR 10.63.19; or

c. Outpatient Mental Health Center, in accordance with COMAR 10.63.16

.04 Mental Health Intensive Outpatient Program Services.

A. Program Services. MH-IOP-program services include:

(1) Consent for services in accordance with COMAR 10.63.04.03D;

(2) A comprehensive assessment in accordance with COMAR 10.63.04.03E;

(3) An individual care plan in accordance with COMAR 10.63.04.03H and §B of this regulation;

(4) Therapy services in accordance with COMAR 10.63.01;

(5) Coordination and referral to treatment programs or resources identified by the comprehensive assessment; and

(6) Case management services in accordance with COMAR 10.63.01.

B. Referral Services. MH- IOP referral services include:

(1) Coordinated access, as appropriate, to emergency services, including behavioral health crisis stabilization centers, mobile crisis services, residential crisis services, hospitals, and other service providers that are designated to provide crisis and emergency care and treatment;

(2) Relationships with medical and mental health practitioners that allow for referral of program participants for telehealth consultation within 3 business days;

(3) Services through the Division of Rehabilitation Services;

(4) Vocational assistance;

(5) Legal assistance programs;

(6) Entitlements assistance programs; and

(7) Peer support services.

.05 Mental Health Intensive Outpatient Program Licensure Process.

An organization licensed under this subtitle to operate an MH IOP program shall:

A. Meet the licensing requirements in accordance with COMAR 10.63.06; and

B. Meet the requirements for an:

- (1) *Integrated Behavioral Health Program, in accordance with COMAR 10.63.12;*
- (2) *Mental Health Partial Hospitalization Program in accordance with COMAR XXX; or*
- (3) *Outpatient Mental Health Clinic in accordance with COMAR XXX*

.06 Mental Health Intensive Outpatient Program Site and Documentation Requirements.

An organization licensed under this subtitle to provide MH IOP shall meet:

- A. *Site requirements in accordance with COMAR 10.63.05; and*
- B. *Documentation requirements in accordance with COMAR 10.63.04.*

[10.63.08] 10.63.38 Civil Money Penalty

Authority: Health-General Article, §§7.5-205(b)(2)—(3), (d), 7.5-402(a)(6), Annotated Code of Maryland

.01 Scope.

This chapter establishes standards for the imposition of civil money penalties against an organization or program determined to be in violation of this subtitle.

.02 Definitions.

A. (text unchanged)

B. [Material and Egregious Violation] *Terms Defined.*

- (1) *“Accreditation” means the approval granted to a program by an accreditation organization.*
- (2) *“Accreditation organization” means a private entity that conducts inspections and surveys of health care facilities or health care staff agencies based on nationally recognized and developed standards that is approved by the Secretary in accordance with Health-General Article, §19-2302, Annotated Code of Maryland.*
- (3) *“Behavioral health services” means prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services for individuals with substance-related disorders, addictive disorders, mental disorders, or a combination of these disorders.*
- (4) *“Community-based” means a setting of a behavioral health services program that is not located in a hospital, as defined in Health-General Article, §19-301, Annotated Code of Maryland.*
- (5) *“Deficiency” means a failure to meet an accreditation, licensure, or certification standard, or a relevant federal, State, or local ordinance, law, regulation, or building code, as applicable.*
- (6) *“Department” means the Maryland Department of Health.*
- (7) *“License” means an authorization issued by the Secretary permitting an organization to operate a behavioral health program at a specific site in the State.*
- (8) *Material and Egregious Violation.*
 - [(1)] (a) *“Material and egregious violation” means any course of conduct, including a single incident, that may cause a program, individual, or organization to fail to comply with any statutory, regulatory, or contractual requirement.*
 - [(2)] (b) *“Material and egregious violation” includes but is not limited to:*
 - [(a)] (i) *Fraudulent or other behavior which influences or may influence the payment or receipt of money or other property;*
 - [(b)] (ii) *Practices which create or will create severe threats to the health or safety of any individual; or*
 - [(c)] (iii) *Practices which violate or may violate participant rights.*
- (9) *“Organization” means an association, partnership, corporation, unincorporated group, or any other legal entity licensed to operate a program to provide community-based behavioral health services.*
- (10) *“Participant” means an individual receiving behavioral health services in a community-based program.*
- (11) *“Program” means a named set of services operated by an organization inclusive of:*
 - (a) *A substance-related disorders program as defined in Health General Article, §7.5-101(q), Annotated Code of Maryland;*
 - (b) *A mental health program as defined in Health General Article, §7.5-101(m), Annotated Code of Maryland;*
 - (c) *An addictive disorders program; and*
 - (d) *A combination of (a)—(c).*
- (12) *“Resident agent” has the meaning stated in Corporations and Associations Article, §1-101, Annotated Code of Maryland.*
- (13) *“Secretary” means the Secretary of the Maryland Department of Health or their designee.*
- (14) *“Site” means the location where the organization operates the program as detailed on the program’s license.*

.03 Civil Money Penalty — Imposition.

A. The Department may impose a civil money penalty against an organization for a material *and egregious* violation of a State or federal law or regulation in any of its programs.

B. The Department may additionally cite violations of accreditation standards [in support of an identified violation of law or regulation] *that find:*

- (1) *Severe threats to the health, safety, and welfare of program participants; or*

(2) *Financial management or financial stability concerns that threaten continued program operations or the health, safety, and welfare of program participants.*

C. A civil money penalty may be imposed regardless of whether any other civil, criminal, or administrative action is taken against the organization or program by any State, federal, or Departmental agency for the same covered period or violation.

D. If a violation occurs at multiple site locations of an organization, each location will constitute a separate violation. If there are multiple services at a location and the violation occurs with multiple services, each service will constitute a separate violation.

E. If the Department determines that a material deficiency, or continuing pattern of deficiencies which together amount to a material and egregious violation, exists, the Department shall notify the organization of the deficiency or deficiencies :

(1) *Shall* the organization the opportunity to correct the deficiencies by a specified date *except in cases of fraud*; or

(2) *May* impose a civil money penalty of up to \$500 per day not to exceed \$15,000 in one month until compliance is achieved.

F. If the Department permits an organization the opportunity to correct the deficiencies by a specific date, and the organization fails to comply, the Department may impose a civil penalty of up to \$500 for each day of violation until the organization has submitted sufficient documentation of correction of the deficiency not to exceed \$15,000 in 1 month.

G. In determining whether a civil money penalty is to be imposed and in setting the amount of the civil money penalty, the Department shall consider each of the following:

(1) The number, nature, and seriousness of the violation or violations;

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

(3) The organization's history with the Department, including any prior history of compliance or any prior actions that would indicate whether the violation is an isolated occurrence or represents a pattern of behavior;

(4) The efforts made by the organization to correct the violations and any continuation of conduct after notification of possible violations;

(5) The organization's level of cooperation with the Department or its agents as it relates to the review of the program;

(6) The degree of risk to the health, life, or safety of individuals as a result of the violations; and

(7) Any other reasonable mitigating factors.

H. The Department shall give consideration to the extent to which the organization's size, operations, or financial condition:

(1) May have contributed to the violations; and

(2) May affect the organization's ability to provide care and continue program operations after payment of a civil money penalty.

I. If the civil money penalty is imposed under this chapter, the Department shall issue a written notice to the organization operating the program that:

(1) States the total amount of the civil money penalties being imposed; and

(2) Includes the following information:

(a) Each regulation or statute violated;

(b) The amount of each civil money penalty imposed for each violation;

(c) The manner in which the amount of the civil money penalty was calculated; and

(d) The organization's right to request a hearing in accordance with [COMAR 10.63.08] *COMAR 10.63.38*; and

(e) The organization's appeal rights.

J. The notice shall be sent to the organization, owner, resident agent, and Board of Directors, as appropriate, by certified mail.

.04 Penalty for Unlicensed Operation.

An organization that operates or purports to operate a service or site without a license that is required pursuant to this subtitle may be assessed a civil money penalty by the Department of \$1,000 per day of operation per location site or service.

.05 Civil Money Penalty — Appeal.

A. An organization aggrieved by the imposition of a civil money penalty may appeal the action by filing a request for a hearing in accordance with [COMAR 10.63.06] *COMAR 10.63.38*.

B. If the hearing affirms the imposition of the penalty, the Secretary shall issue a final order which shall state the basis on which the order is made, the amount of the civil money penalty imposed, and the manner in which the amount of the civil money penalty was calculated.

C. After exhaustion of all appeals, an organization shall pay a civil money penalty to the Department within 10 *business* days after the organization receives a final order that affirms the imposition of the civil money penalty.

D. The Department, at its discretion, may agree to accept a repayment schedule, which may include a discount for timely payments.

E. If an organization does not pay the civil money penalty to the Department after receiving the final order or according to a negotiated repayment schedule:

(1) The balance due shall be referred to the Central Collection Unit; and

(2) The organization and its programs may be subject to licensing action.

10.63.39 Corrective Actions and Sanctions

Authority: Health-General Article, §§2-104(b), 7.5-205(a)(2), 7.5-402, and 19-333—19-339 Annotated Code of Maryland

.01 Definitions.

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

B. Terms Defined.

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

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

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

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

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

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

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

(8) "Corrective action" means specific actions undertaken by an organization to address a violation of any local, state, or federal law or regulation.

(9) "Deficiency" means a failure to meet an accreditation, licensure, or certification standard, or a relevant federal, State, or local ordinance, law, regulation, or building code, as applicable.

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

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

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

(13) Local Authority.

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

(b) "Local authority" includes the:

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

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

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

Maryland.

(14) Material and Egregious Violation.

(a) "Material and egregious violation" means any course of conduct, including a single incident, that may cause a program, individual, or organization to fail to comply with any statutory, regulatory, or contractual requirement.

(b) "Material and egregious violation" includes but is not limited to:

(i) Fraudulent or other behavior which influences or may influence the payment or receipt of money or other property;

(ii) Practices which create or will create severe risks to the health or safety of any individual; or

(iii) Practices which violate or may violate participant rights.

(15) "Notice of deficiencies" means the notice provided by the Administration to an organization regarding any deficiencies, including a violation of any local, State, or federal law or regulation.

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

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

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

(19) "Plan of correction" means an organization's written plan of corrective actions to address program deficiencies.

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

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

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

(c) An addictive disorders program; and

(d) A combination of (a)—(c).

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

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

(23) "Summary suspension" means the indefinite suspension of an organization's license taken if the Secretary believes emergency action is necessary to protect the public health, safety, or welfare.

.02 Notice of Deficiencies.

A. If the Administration intends to take action after a determination that an organization licensed to operate a program that provides community-based behavioral health services has violated any provision of this subtitle, including any material and egregious violation of local, State, or federal law or regulation or any accreditation standard, the Administration shall provide the organization with a notice of deficiencies.

B. The Administration's notice of deficiencies provided to the organization shall include:

- (1) A citation to each statute, regulation, or ordinance violated;
- (2) The basis for determining the violation; and
- (3) Any intermediate sanctions imposed due to the deficiencies.

C. Plan of Correction.

(1) The organization shall submit a plan of correction to the Administration within 10 business days of receipt of the notice of deficiencies, stating:

- (a) The corrective action which will be undertaken to address the deficiency;
- (b) The individuals in the organization responsible for the corrective action;
- (c) The timeline for the corrective action, including a date of resolution; and
- (d) How a recurrence will be prevented.

(2) If the Administration determines the nature of the deficiency warrants a more immediate response, the Administration may require that the plan of correction be submitted sooner than 10 business days after receipt of the notice of deficiencies.

(3) The Administration may grant an extension, not to exceed 20 business days, for the submission of the plan of correction.

D. Notification Requirements. If the Administration issues a notice of deficiencies to an organization in accordance with §A of this regulation, the organization shall, within 10 business days of receipt of the notice:

- (1) Provide program participants or their guardians with a written plain language summary of the notice of deficiencies;
- (2) Provide the Administration with a copy of the notice which was provided to program participants; and
- (3) If applicable, provide a copy of the notice of deficiencies to the organization's accreditation organization.

.03 Directed Plan of Correction.

A. If the Administration determines that an organization licensed to operate a program that provides community-based behavioral health services has violated any provision of this subtitle, including any material and egregious violation of local, State, or federal law or regulation, the Administration may impose a directed plan of correction on the organization, in addition to any intermediate sanctions imposed in accordance with Regulation .04 of this chapter.

B. A directed plan of correction may include the following:

- (1) Mandated staffing patterns which may specify the number of personnel and personnel qualifications;
- (2) Imposition of a site monitor, by which the Administration, or its designee, maintains an ongoing physical presence to provide assistance and evaluate the extent of the organization's progress in correcting violations;
- (3) Submission of reports at the frequency stated by the Administration outlining the organization's progress in correcting violations; or
- (4) Other requirements at the discretion of the Administration to ensure the health, safety, or welfare of program participants.

C. Termination of Directed Plan of Correction. A directed plan of correction may be terminated when:

- (1) All conditions of the directed plan of correction are met at the satisfaction of the Administration; or
- (2) The Administration determines that progressive disciplinary action is warranted in accordance with Regulations .04–.06 of this chapter and revokes or amends the directed plan of correction.

D. Notification Requirements. If the Administration issues a directed plan of correction to an organization in accordance with §A of this regulation, the organization shall, within 10 business days of receipt of the directed plan of correction:

- (1) Provide program participants or their guardians with a written plain language summary of the directed plan of correction;
- (2) Provide the Administration with proof of the notice which was provided to program participants; and
- (3) If applicable, provide notice of the directed plan of correction to the organization's accreditation organization.

.04 Intermediate Sanctions.

A. If the Administration determines that an organization licensed to operate a program that provides community-based behavioral health services has violated any provision of this subtitle, including any material and egregious violation of local, State, or federal law or regulation, the Administration may take one or more of the following actions as an intermediate sanction:

- (1) Prohibit the organization from providing community-based behavioral health services to any additional individuals not currently receiving services with the organization's licensed program;
- (2) Require the organization to reduce the number of program participants currently receiving behavioral health services;
- (3) Restrict the organization's operated program to specified behavioral health services;
- (4) Require the organization or any of its staff to receive mandatory training in identified areas within specific timeframes at the organization's expense;
- (5) Require the organization to use the services of an Administration approved consultant at the organization's expense;
- (6) Require the establishment of an escrow account that shall be utilized for specific, identified purposes at the direction of the Administration;
- (7) Impose a civil money penalty in accordance with COMAR 10.63.37; or

- (8) Require the organization to take any other intermediate action determined necessary by the Administration.
- B. The Administration may impose an intermediate sanction in lieu of or in addition to:
- (1) A notice of deficiencies in accordance with Regulation .02 of this chapter; or
 - (2) A directed plan of correction in accordance with Regulation .03 of this chapter.
- C. Notification Requirements. If the Administration issues a directed plan of correction to an organization in accordance with §A of this regulation, the organization shall, within 10 business days of receipt of the notice of the intermediate sanction:
- (1) Provide program participants or their guardians with a written plain language summary of the intermediate sanction;
 - (2) Provide the Administration with a copy of the notice which was provided to program participants; and
 - (3) If applicable, provide notice of the intermediate sanction to the organization's accreditation organization.
- D. If an intermediate sanction requires a program to discontinue services to current or new program participants, an organization shall discontinue operations in accordance with COMAR 10.63.02.

.05 Summary Suspension.

- A. The Secretary may order a summary suspension of an organization's license to operate a program providing community-based behavioral health services if:
- (1) The organization violated any provision of this subtitle, including any material and egregious violation of local, State, or federal law or regulation; and
 - (2) The public health, safety, or welfare imperative requires emergency action.
- B. If the Secretary summarily suspends an organization's license to operate a program providing community-based behavioral health services, the organization shall immediately, but no greater than 24 hours after receipt:
- (1) Stop providing services to program participants;
 - (2) Discontinue any enrollment of any new program participants;
 - (3) Follow the requirements for an unplanned discontinuation of program operations as outlined in COMAR 10.63.02; and
 - (4) Cooperate with the Administration and the local authority regarding any necessary coordination of care.
- C. Following the summary suspension of the license of the organization, the Administration shall follow the requirements of State Government Article, §10-226, Annotated Code of Maryland.
- D. The organization may request a hearing on the summary suspension in accordance with Regulation .09 of this chapter.

.06 License Revocation.

- A. If the Administration determines that an organization licensed to operate a program that provides community-based behavioral health services has violated any provision of this subtitle, including any material and egregious violation of local, State, or federal law or regulation, the Secretary may revoke the organization's license.
- B. If the Administration determines that the organization has failed to adhere to a plan of correction or sanction imposed under Regulations .02—.04 of this chapter, the Secretary may revoke the license.
- C. The Secretary shall revoke the license of any organization whose accreditation is terminated, not renewed, or otherwise lost.
- D. An organization whose license is revoked may not provide the community-based behavioral health services which were covered under the revoked license.
- E. If the Secretary revokes a license under this chapter, the Administration shall give written notice of the revocation to the organization.
- F. An organization may appeal a revocation in accordance with Regulation .09 of this chapter.
- G. The notice of the revocation shall include:
- (1) The program site, license number, and program which is being revoked;
 - (2) The facts that warrant the revocation of licensure;
 - (3) Notice that the organization has a right to a hearing in accordance with Regulation .09 of this chapter; and
 - (4) The date upon which the program must cease providing services.
- H. Notification Requirements. If the Secretary revokes an organization's license to operate a community-based behavioral health program in accordance with §A of this regulation, the organization shall, within 24 hours of the notice of revocation:
- (1) Provide program participants or their guardians with a written plain language notice of the revocation;
 - (2) Provide the Administration with proof of the notice which was provided to program participants; and
 - (3) If applicable, provide notice of the revocation to the organization's accreditation organization.
- I. If the Secretary revokes an organization's license to operate a program providing community-based behavioral health services, the organization shall, by the termination date specified in the notice:
- (1) Stop providing services to program participants;
 - (2) Discontinue enrollment of any new program participants; and
 - (3) Proceed with an unplanned discontinuation of program operations in accordance with the requirements of COMAR 10.63.02.

.07 Settlement Agreement.

- A. An organization that is licensed to operate a program that provides community-based behavioral health services that has violated a requirement of this subtitle may enter into a settlement agreement with the Department.
- B. A settlement agreement between an organization and the Department shall be approved by the Secretary.

C. A settlement agreement is considered a public document and may be disseminated in accordance with General Provisions Article, Title 4, Annotated Code of Maryland.

D. Notification Requirements. Upon execution of a settlement agreement with the Department, the organization shall, within 10 business days of settlement:

- (1) Provide program participants or their guardians with a written plain language summary of the settlement agreement;
- (2) Provide the Administration with proof of the notice which was provided to program participants;
- (3) If applicable, provide notice of the settlement to the organization's accreditation organization;
- (4) Post the settlement agreement:
 - (a) In a public location at the licensed program site; and
 - (b) On the program's website.

.08 Initiation of Receivership.

The Secretary may take action to initiate receivership of an organization licensed to operate a program that provides community-based behavioral health services in accordance with the requirements outlined in Health-General Article, §§19-333—19-339, Annotated Code of Maryland.

.09 Right to a Hearing on Proposed Sanctions.

An organization licensed to operate a program that provides community-based behavioral health services in accordance with COMAR 10.63.XX which is aggrieved by any of the following actions may appeal the determination by filing a request for an administrative hearing in accordance with Regulation .10 of this chapter:

- A. The denial of an application for a license under COMAR 10.63.XX;
- B. The summary suspension of a license in accordance with Regulation .05 of this chapter;
- C. The denial of a request for a modification of a license in accordance with COMAR 10.63.XX;
- D. The denial of a request to discontinue program operations in accordance with COMAR 10.63.XX;
- E. The revocation of a license for any reason other than loss of accreditation in accordance with Regulation .06 of this chapter;
- F. The imposition of an intermediate sanction in accordance with Regulation .04 of this chapter;
- G. The imposition of a civil money penalty in accordance with COMAR 10.63.XX; or
- H. The suspension of a license in accordance with COMAR 10.63.XX.

.10 Hearing Procedures.

A. If the Secretary, Administration, or Department proposes to take an action listed in Regulation .09A—H of this chapter, the Administration shall deliver a written notice of the proposed action to the organization's program director for the community-based behavioral health program in accordance with the provisions of COMAR 10.01.03.08.

B. Within 10 business days after receipt of the notice of the proposed action, the organization shall submit to the Administration, at the address identified in the notice provided in §A of this regulation, a written request for a hearing.

C. The organization's request for a hearing shall comply with the provisions of COMAR 10.01.03.06.

D. If the organization does not submit to the Administration a hearing request that is postmarked within 10 business days after the date of the notice provided in §A of this regulation:

- (1) The organization's right to a hearing on the action is waived; and
- (2) The Administration's action shall become final.

E. The Administration may offer the program the opportunity for an informal case resolution conference to attempt to resolve all or some of the deficiencies listed in the notice provided in accordance with Regulation .02 of this chapter.

F. If the organization submits a request for a hearing on a summary suspension in accordance with Regulation .05 of this chapter, the hearing shall take place in accordance with the requirements of State Government Article, Title 10, Subtitle 2, Annotated Code of Maryland.