

Maryland Department of Health, Behavioral Health Administration
Stakeholder Engagement Session 4 – 10.63, Chapter 2

August 8, 2025
11:30AM-1PM

I. Welcome and Opening Remarks (11:30-11:35)

II. Meeting Procedures (11:35-11:40)

III. Status of COMAR 10.63 Regulatory Revisions (11:40-11:45)

a. Review of Phase I, II, and II

- i. Jordan provided an overview of Phases I, II, and II of the 10.63 updates, including that the Department will not finalize Phase 2 regulations until Phase 3 is published in the Maryland Register.
- ii. The Department received more than 110 formal comments on the 10.63 proposal published in May. All formal comments must receive responses in writing prior to finalization; responses have not yet been sent.

IV. Stakeholder Feedback on 10.63.01, Chapter 2 (11:45-12:55)

a. Frequency and maintenance of documentation from background checks

- i. These regulations surrounding background checks are meant to establish guidelines for employees to perform background checks on their employees to ensure that individuals working for behavioral health programs are screened in accordance with State statute.
- ii. The regulations require background check documentation to be maintained for a minimum of ten years to ensure compliance with Medicaid audits and compliance reviews.
- iii. Takeaways from stakeholder dialogue included:
 - 1. Clarification was requested regarding statutory changes to background check requirements and ensuing challenges for providers.
 - a. BHA will follow up with the individuals involved with this work to determine the current status of these changes.
 - 2. Questions regarding whether psychiatric nurse practitioners are required to have physician oversight under these regulations.
 - a. The federal requirements require OMHCs to have physician oversight. Nurse practitioners can serve as

medical directors under Maryland regulations, but programs must also comply with federal Medicaid requirements for payment.

b. Renewal timeline and accreditation timeline are not concurrent

- i. Under these regulations, a provider's licensure period is from the date of approval of the licensure application until the end date of the current accreditation plus three months.
- ii. BHA has started a licensure extension process for instances where an accreditation organization is experiencing a delay in conducting follow up surveys.
- iii. Takeaways from stakeholder dialogue included:
 1. Inquiry as to whether, if an organization is out of compliance with medical director requirements, this would result in federal government clawbacks.
 - a. The Department cannot speculate on what the federal government will do, but will take this question back to colleagues in Medicaid.
 2. Inquiry regarding whether an extension request should be submitted along with a licensure application if the licensure application is submitted prior to its expiration but after the prescribed window for submission.
 - a. The extension process was created due to the Department's understanding that providers often have to wait on other government agencies to provide documentation for their licensure application, which is beyond the control of the provider.
 - b. As long as the provider is communicative with the Department, the Department will work with them on their application renewal.

c. Requirement of variances for leadership vacancies

- i. There are seven instances in these regulations where, if a certain leadership role is vacant, there is a requirement to file a variance with the Department.
- ii. If an individual in one of these roles departs the organization and there is nobody else within the organization that is able to assume that role, this is considered a vacant position, and a variance needs to be filed with the Department.

d. Clarification of permissibility of roles (i.e., one individual serving as clinical director and program director)

- i. As long as an individual meets the requirements for both roles, they can serve in both of those roles at one time.
- ii. Takeaways from stakeholder dialogue included:
 1. Inquiry as to whether the forthcoming program-specific chapters of COMAR 10.63 will impose requirements detailing specific numbers of hours that individuals need to spend working in these roles.
 - a. Additional time requirements are not being added to the program-specific chapters.
 2. Concerns were expressed regarding the clarity of the regulatory language, especially with regards to the prohibition on staff working multiple sites simultaneously and telehealth supervision.
 - a. BHA will work to provide clarity regarding the Department's intent in subregulatory guidance.

V. Closing Remarks and Next Steps (12:55-1:00)