

(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.*

C. 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 §B 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.*

10.63.02 [Programs Required to be Accredited in Order to be Licensed to Provide Community-Based Behavioral Health Services] General Staffing Requirements

Authority: Health-General Article, §§7.5-204(a)(2)], 8-402, 8-404, 10-901,] and [10-1402] 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) *"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) *"Applicant" means the legally authorized individual or entity submitting an application for licensure.*

(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) *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.

(9) *"Criminal Justice Information System" has the meaning stated in Criminal Procedure Article, §10-201, Annotated Code of Maryland.*

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

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

(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.*

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(13) "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.

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

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

(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) "Rap Back Program" has the meaning stated in COMAR 12.15.01.03.

(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) "Telehealth" means the synchronous delivery of medically necessary services to a participant at an originating site by a distant site provider, through the use of technology-assisted communication in accordance with COMAR 10.09.49.

(24) "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 duties at multiple program sites, but may not actively perform duties for multiple programs simultaneously.

(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 individuals 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:

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(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 any of the following staff:

- (1) A corporate officer;*
- (2) The medical director as specified in Regulation .13 of this chapter;*
- (3) The program director as specified in Regulation .07 of this chapter;*
- (4) The clinical director as specified in Regulation .06 of this chapter;*
- (5) Clinical supervisors as specified in Regulations .09 and .14 of this chapter;*
- (6) A rehabilitation specialist as specified in Regulation .10 of this chapter; 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 10.63.06.10B, 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. Notwithstanding the requirements of §A 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.

.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 plan.*

B. Within 60 business days of hire, at a 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. 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 three years.*

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

- (a) The individual's criminal history 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 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.

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- (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 §A(1)(b) of this regulation.
- B. 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.
- C. 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 §C(1) of this regulation quarterly.
- D. 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 §E of this regulation, as appropriate, to protect program participants.
- E. 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—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.
- F. 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 §D of this regulation.
- (2) An organization shall maintain the documentation required by §F(1) of this regulation for 3 years after the individual either:
- (a) Is not hired; or

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(b) If hired, leaves employment with the organization.

G. An organization seeking to utilize volunteers shall ensure current and prospective volunteers are subject to the background check requirements as described in §§A—F 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) An active professional behavioral health license at the independent practice level in accordance with the applicable Health Occupations Board; 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 10.63.01.13.

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 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 at each program site for a sufficient number of hours in order to effectively oversee the program in accordance with §D of this regulation.

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 10.63.01.05; and

(4) Address noncompliance within the organization and, if necessary, report noncompliance in accordance with COMAR 10.63.01.05C(8).

.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 Rehabilitation Specialists

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

B. A rehabilitation specialist shall, at minimum, have the following qualifications:

(1) Have a minimum of 2 years of direct care experience working with:

- (a) Adults that have a serious mental disorder; or
- (b) Minors who have serious emotional or behavioral difficulties; **and**

(2) Be licensed or certified as one of the following in accordance with Health Occupations Article, Annotated Code of Maryland:

- (a) A licensed mental health professional as defined in this chapter, certified at the independent practice level;
- (b) 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;
- (c) 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;
- (d) A licensed occupational therapist;
- (e) A registered nurse who:
 - (i) Is licensed and in good standing holds a psychiatric mental health nursing certification in accordance with the American Nurses Credentialing Center; or
 - (ii) Has, at minimum, a bachelor's degree in social work, counseling, rehabilitation, psychology, nursing, or a related field; or

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(f) *A master's prepared rehabilitation counselor certified in the practice of rehabilitation counseling by the Commission on Rehabilitation Counselor Certification; or*

(g) *A bachelor's prepared rehabilitation counselor certified by the Psychiatric Rehabilitation Association who:*

(i) *For Psychiatric Rehabilitation Programs for Adults only, is a Certified Rehabilitation Practitioner; or*

(ii) *For Psychiatric Rehabilitation Programs for Minors only, is a Certified Family Resilience Practitioner.*

C. *A rehabilitation specialist shall:*

(1) *Be an employee of the organization that operates the program; 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. *Rehabilitation specialists shall perform the following duties:*

(1) *Patient assessments;*

(2) *Person-centered treatment planning;*

(3) *Psycho-social skill training;*

(4) *Clinical documentation; and*

(5) *Other services as informed by the needs of the program participant.*

.11 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 Board approved by the Department.*

C. *A certified peer recovery specialist shall adhere to all requirements of the 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 Board; and*

(2) *Adherence to the Ethics Code of Conduct, Principles and Service Guidelines established by the 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.*

.12 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; or*

(2) *Direct care services which are not within the scope of practice of a licensed clinical professional in accordance with Health Occupations Title, 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.*

.13 Medical Directors

A. *Medical directors are dedicated program staff and may not perform duties at multiple program sites simultaneously in accordance with Regulation .02 of this chapter.*

B. *The medical director of a program shall:*

(1) *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); and*

(2) *Be an employee of the organization which operates the program which they direct.*

C. *The medical director, either directly or through formal delegation, shall:*

(1) *Approve and regularly review the program's:*

(a) *Admission criteria;*

(b) *Discharge criteria; and*

(c) *Medical policies, procedures, and protocols;*

(2) *Direct patient care;*

(3) *Ensure the adequacy of individualized treatment plans;*

(4) *Ensure daily medical coverage to meet program participant needs;*

(5) *Determine the credentials required of other licensed clinical staff who serve the program;*

(6) *Monitor the care delivered by other staff who serve the program;*

(7) *Review all critical incidents; and*

(8) *Oversee the quality of care delivered by all programs for which the individual is serving as medical director.*

D. *In addition to the requirements of this regulation, a medical director shall meet any applicable additional program specific qualifications or requirements set forth in this subtitle.*

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.14 Substance Use Disorder Program Specific Staff

A. Substance Related Disorder Clinical Supervisor.

(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 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, in person or via audio visual teleconference, supervision to staff, maintaining a staff to supervisor ratio of no greater than one supervisor to fifteen 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 use 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 abuse 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.

10.63.06 [Application and] Licensure Process

Authority: Health-General Article, §§7.5-204(a)(2)[, 8-402, 8-404,] 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 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) "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.