

Instructions to Request an Agreement to Cooperate

[Behavioral Health System Baltimore, Inc.](#) (BHSB) is the local behavioral health authority (LBHA) for Baltimore City. LBHAs are tasked by the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) with developing, planning, monitoring and managing a system of care for their local jurisdiction. As per COMAR regulations providers are required to enter into an Agreement to Cooperate with the LBHA in the jurisdiction in which they are providing services. An Agreement to Cooperate is a document that provides for the coordination and cooperation between a provider and the LBHA.

To establish an Agreement to Cooperate with BHSB:

1. Review all relevant information for the service(s) you are applying for. Licensing and accreditation requirements for behavioral health programs are set by MDH and are location and service specific.
 - [MDH Licensing and Accreditation Information](#)
 - [COMAR 10.09 Medical Care Programs](#)
 - [COMAR 10.63 Community-Based Behavioral Health Programs and Services](#)
 - [COMAR 10.21 Mental Hygiene](#)
 - [COMAR 10.47 Alcohol and Drug Abuse Administration](#)
 - [Provider Manual for the Administrative Services Organization](#)
2. Determine if the location of services you are requesting is in Baltimore City. BHSB can only issue an Agreement to Cooperate for services located within Baltimore City. If the location is not within Baltimore City, contact the LBHA in the jurisdiction where the services are located.
3. Gather the following required supporting documentation for each service location:
 - Proof of accreditation documenting the services you are requesting by address (both the letter and report, if applicable)
 - First 4 pages of the completed *State of Maryland Department of Health Behavioral Health Administration Application for Licensure under COMAR 10.63 Community-Based Behavioral Health Programs and Services*
 - For residential services and all new service locations: Fire Prevention Permit from City of Baltimore Fire Department
 - For residential services and all new service locations: Certificate of Occupancy from Baltimore City Department of Housing and Community Development
4. Complete the following sections of an [agreement to cooperate form](#) for each service location:
 - Program Information
 - Type of Program:
 - Non-Accredited Program Types
 - Accredited Program Types
 - Accredited Services
 - Insert program name into narrative
 - Behavioral Health Program
 - Sign (handwritten signature or fill and sign function of PDF)
 - Print name and date of signature

5. Review all supporting documentation and the agreement to cooperate form for the following:
 - Are you using the correct agreement to cooperate form (from the link above)?
 - Is there one agreement to cooperate form per service location address?
 - Are all provider required sections of the agreement to cooperate form completed?
 - Do the services requested on the agreement to cooperate form match the services requested on the MDH licensure form?
 - Did you use a check mark or X to designate the services requested on the agreement to cooperate form and the application for licensure? Highlighted shaded, underlined or circled items will not be accepted.
 - Does the service location address on the agreement to cooperate form match the service location on the licensure application?
 - Does the service location address on the proof of accreditation match the address on the agreement to cooperate form and the licensure application?

6. Submit all supporting documentation and completed agreement to cooperate form to BHSB via email, provider-relations@bhsbaltimore.org ensuring the following:
 - If the Agreement to Cooperate request is for a new service location, did you include the Certificate of Occupancy and Fire Prevention Permit?
 - If the Agreement to Cooperate request is for a residential location, did you include the Certificate of Occupancy and Fire Prevention Permit?
 - Is the agreement to cooperate form attached as a separate document and labeled appropriately? BHSB cannot process an agreement that is attached to other documents.
 - Is each required supporting document in item #2 above submitted as a separate attachment and labeled appropriately, i.e. accreditation, licensure application, etc.?
 - Are all attachments formatted correctly, i.e. no links to share drives, no secure documents, etc.
 - Are you sending a separate email with all required documentation for each service location address?
 - Is *Agreement to Cooperate Request* in the subject line of the email you are sending?
 - Does the body of the email delineate what provider is requesting an agreement and who the contact person for the request is? BHSB will not respond to emails that only have attachments. This is an electronic security risk for BHSB and for you.
 - Did I submit extra forms that are not required as delineated above? Submitting extra forms can slow down the review process.

All requests for agreements to cooperate are processed in the order in which they are received. Please expect up to 5 business days for a response to all emails from the Provider Relations team. Submitting all documentation as detailed above will expedite the processing of your request. Once all required documentation is received, a signed Agreement to Cooperate will be returned within approximately 5 business days. BHSB is not able to process urgent requests for an agreement to cooperate.

For questions concerning licensure, the agreement to cooperate process or anything else related to the behavioral health system of care in Baltimore City, email provider-relations@bhsbaltimore.org.

Anyone providing services in Baltimore City is strongly encouraged to sign up for BHSB's provider communications which include general behavioral health news, event announcements, provider meeting information and funding opportunities. Please do this by signing up for BHSB's newsletter: [Resources for Providers – Behavioral Health System Baltimore, Inc. \(bhsbaltimore.org\)](https://www.bhsbaltimore.org/resources-for-providers-behavioral-health-system-baltimore-inc)