

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. Please reach out to provider-relations@bhsbaltimore.org for contact information.
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).
 - Saved pages of the BHA 10.63 online licensure application via Cognito. Prior to the page requesting upload of the Agreement to Cooperate, ensure you have saved all completed pages of the licensure application. BHSB will accept the following attachment formats of completed and saved application pages: PDF files, "screen shots" of all completed pages, or printed and scanned pages.
 - Two** primary emergency contacts from the organization (name, job title, phone number). At least one contact must be available during evenings and weekends. Please enter this information in the body of the e-mail.
 - For all residential services and all new service locations:** Fire Prevention Permit from City of Baltimore Fire Department (completed within the last year).
 - For all 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 the Agreement to Cooperate form for each service location:
 - Program Information: Program Name, Service Location Address, Primary Contact Name/Phone Number/Email

- Type of Program(s): Please check off the box(es) matching the requested program types on the 10.63 licensure application.
 - Behavioral Health Program Name: Signature, Printed Name and Date
5. Review all supporting documentation and the Agreement to Cooperate form for the following:
- Are you using the most up-to-date Agreement to Cooperate form? Please e-mail provider-relations@bhsbaltimore.org if you are unsure.
 - 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 licensure application?
 - Did you use a check mark or **X** to designate the services requested on the Agreement to Cooperate form? 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:
- FOR ALL NEW SERVICE LOCATIONS, RELOCATIONS, or ANY RESIDENTIAL PROGRAM TYPE:**
 - a. Certificate of Occupancy
 - b. Fire Prevention Permit (completed within the last year)
 - 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 pages, 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?
 - 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 you submit extra forms that are not required as delineated above? Submitting extra forms can slow down the review process.
 - Did you provide two emergency contacts in the body of your email?

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 here: [Resources for Providers – Behavioral Health System Baltimore, Inc. \(bhsbaltimore.org\)](https://bhsbaltimore.org/resources-for-providers).