

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 supporting documentation and information **for each service location:**
 - ☐ Licensure type (New, Renewal, Adding Site, Relocation, etc.)
 - ☐ All required documentation listed on the MDH-BHA Agreement to Cooperate Form
 - ☐ The organization's Community Relations Policy
 - ☐ **TWO** primary emergency contacts from the organization (name, role, phone number). At least one contact must be available during evenings and weekends.
 - ☐ **For all residential service types:** ADA wheelchair accessibility and capacity, if applicable
 - ☐ **For all new service locations, relocations, and ALL residential service types:**
 - a. Fire Prevention Permit from City of Baltimore Fire Department (completed within the last year)
 - b. 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

Please submit the Agreement to Cooperate as a separate attachment to your request e-mail.

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 required provider 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:
 - ☐ Did you attach all required documentation listed on the MDH-BHA Agreement to Cooperate Form?
 - ☐ Is all the documentation and information listed in #3 attached to your email?
 - ☐ 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.
 - ☐ 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.
7. BHSB may request an on-site or virtual meet & greet prior to issuing your Agreement to Cooperate.

PLEASE BE ADVISED:

- BHSB cannot process urgent requests for an Agreement to Cooperate. 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, unless an on-site or virtual meet & greet needs to occur. In this case, the signed Agreement to Cooperate form will be issued the same day as the meeting by close of business.

For specific questions about the MDH-BHA licensure portal, process, or application status, please email: bha.licensingcompliance@maryland.gov.

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

Anyone providing behavioral health 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).