



**BEHAVIORAL HEALTH ADMINISTRATION
SGHC – VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228**

AGREEMENT TO COOPERATE

Community-Based Behavioral Health Programs and Services, behavioral health programs in Maryland **must** enter into an Agreement to Cooperate with the CSA, LAA, or LBHA in each of the relevant counties or Baltimore City in which the program operates or is seeking to operate prior to being issued a COMAR 10.63 license.

Agreements are required when submitting an initial application, renewal application, addition of service, or when a change to a program’s license is requested (e.g., change in service array or locations, ownership). In accordance with COMAR 10.63.01.05 the CSA, LAA, or LBHA as a designee of the Department will need to obtain copies of required documentation to include **but not limited** to the following, as part of the process of signing the agreement.

1. Accreditation Information (Final Accreditation Letter, Final Accreditation Report, QIP)
2. Organization Staff Information (Organizational Chart, Copies of Licenses, Supervision information, when applicable)
3. Patient Population(adults, minors, etc)
4. Current or Projected(new providers only) patient census
5. Lease or Deed for site location

Please note that separate agreements are not required per site, unless there is a change to the program’s existing license, such as adding a new location.

Program Information

Program Name: _____
(should match the corporate/business name included on the application for licensure)

Primary Program Address: _____
Primary Contact Name: _____
Primary Contact Phone: _____
Primary Contact Email: _____

Local Behavioral Health Authority Information

Local Jurisdiction: Baltimore City - Behavioral Health System Baltimore (BHSB)
Primary Contact Name: Provider Relations Team
Primary Contact Phone: 410-637-1900
Primary Contact Email: provider-relations@bhsbaltimore.org

Type of Program

Non-Accredited Program Types	
<input type="checkbox"/> DUI Education	<input type="checkbox"/> Substance-Related Disorder Assessment and Referral

<input type="checkbox"/> Early Intervention Level 0.5	<input type="checkbox"/> Therapeutic Group Home
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Accredited Program Types	
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<input type="checkbox"/> Behavioral Health Crisis Stabilization (BHSCS)	<input type="checkbox"/> Psychiatric Rehabilitation Program for Minors (PRP-M)
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<input type="checkbox"/> Integrated Behavioral Health	<input type="checkbox"/> Residential Crisis Services (RCS)
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<input type="checkbox"/> Intensive Outpatient Treatment Level 2.1	<input type="checkbox"/> Residential: Low Intensity Level 3.1
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<input type="checkbox"/> Mental Health Group Home for Adults	<input type="checkbox"/> Residential: Medium Intensity Level 3.3
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<input type="checkbox"/> Mobile Crisis Team (MCT)	<input type="checkbox"/> Residential: High Intensity Level 3.5
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<input type="checkbox"/> Mobile Treatment Services (MTS)	<input type="checkbox"/> Residential: Intensive Level 3.7
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<input type="checkbox"/> Opioid Treatment Services (OTS)	<input type="checkbox"/> Residential Rehabilitation Program (RRP)
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<input type="checkbox"/> Outpatient Mental Health Center (OMHC)	<input type="checkbox"/> Respite Care Services (RPCS)
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<input type="checkbox"/> Outpatient Treatment Level 1	<input type="checkbox"/> Substance Related Disorder (SRD)
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<input type="checkbox"/> Partial Hospitalization Treatment Level 2.5	<input type="checkbox"/> Supported Employment Program (SEP)
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<input type="checkbox"/> Psychiatric Day Treatment Program (PDTP)	
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<input type="checkbox"/> Psychiatric Rehabilitation Program for Adults (PRP-A)	
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Accredited Services	
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<input type="checkbox"/> Opioid Treatment	<input type="checkbox"/> Withdrawal Management
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As required under COMAR 10.63.01.05, enters into the following agreement to provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including complaint investigation and the transition of services if the program closes.

Behavioral Health Program Name

_____ Signature Date

_____ Print Name

Local Behavioral Health Authority

_____ Signature Date

_____ Print Name

Regulatory Authority

COMAR 10.63.01.02B(5)

B. Terms Defined.

(5) "Agreement to cooperate" means a written agreement between the program and a core service agency, local addictions authority, or local behavioral health authority that provides for coordination and cooperation in carrying out behavioral health activities in a given jurisdiction.

COMAR 10.63.01.05

.05 Requirements for Licensed Community-Based Behavioral Health Program.

A. A program licensed under this subtitle to provide community-based behavioral health services in Maryland shall comply with the requirements listed in this regulation.

B. Post-Licensing Inspections.

(1) The Department or its designees may make announced or unannounced visits to inspect a program to investigate a complaint.

(2) The Department or its designees may inspect and copy records, including, but not limited to:

- (a) Financial records;
- (b) Treatment records; and
- (c) Service records.

COMAR 10.63.01.05E

E. Agreement to Cooperate.

(1) Before applying for licensure, a program shall enter into an agreement to cooperate with the CSA, LAA, or LBHA that operates in the relevant county or Baltimore City.

(2) The agreement to cooperate shall provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including but not limited to facilitating:

- (a) A complaint investigation; and
- (b) The transition of services if the program closes.

(3) The agreement to cooperate may not include a provision that authorizes the CSA, LAA, or LBHA to prohibit a program from offering services at any location

