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**BEHAVIORAL HEALTH ADMINISTRATION (BHA)**

**AGREEMENT TO COOPERATE**

Before applying for licensure under Subtitle 10.63 - *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. Agreements are required when submitting an initial application, renewal application, or when a change to a program’s license is requested (e.g., change in service array or locations). When submitting this agreement for signature, please attach page 2, all applicable pages 3-4, and proof of accreditation, if applicable, of the “Application for Licensure Under COMAR 10.63” packet. 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\*:**

**Primary Program Address:**

**Primary Contact Name:**

**Primary Contact Phone:**

**Primary Contact Email:**

**Local Behavioral Health Authority Information**

**Local Jurisdiction:**

**Primary Contact Name:**

**Primary Contact Phone:**

**Primary Contact Email:**

**Type of Program**

|  |  |
| --- | --- |
| **Non-Accredited Program Types** | |
| DUI Education | Substance-Related Disorder Assessment and Referral |
| Early Intervention Level 0.5 |  |
|  | |
| **Accredited Program Types** | |
| Group Homes for Adults with Mental Illness | Psychiatric Rehabilitation Program for Minors (PRP-M) |
| Integrated Behavioral Health | Residential Crisis Services (RCS) |
| Intensive Outpatient Treatment Level 2.1 | Residential: Low Intensity Level 3.1 |
| Mobile Treatment Services (MTS) | Residential: Medium Intensity Level 3.3 |
| Outpatient Mental Health Center (OMHC) | Residential: High Intensity Level 3.5 |
| Outpatient Treatment Level 1 | Residential: Intensive Level 3.7 |
| Partial Hospitalization Treatment Level 2.5 | Residential Rehabilitation Program (RRP) |
| Psychiatric Day Treatment Program (PDTP) | Respite Care Services (RPCS) |
| Psychiatric Rehabilitation Program for Adults (PRP-A) | Supported Employment Program (SEP) |
|  | |
| **Accredited Services** | |
| **Opioid Treatment** | **Withdrawal Management** |

\* Program name should match the corporate/business name included on the application for licensure.

As required under COMAR 10.63.01.05,       enters into the following agreement with       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.

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**Behavioral Health Program**

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Signature Date

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Print Name

**Local Behavioral Health Authority**

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Signature Date

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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 10.63.01.05E**

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