

BEHAVIORAL HEALTH ADMINISTRATION (ADMINISTRATION)

APPLICATION FOR A VARIANCE FROM

SUBTITLES 21 AND 47 REGULATIONS

– COMAR 10.63 LICENSING –

“Variance” means an alternate method by which a program may comply with the intent of a regulation. The variance is based on the program demonstrating that the alternate method equally ensures the regulatory standard is maintained.

An application for a variance applies only to Title 10, Subtitles 21 and 47 that contain provisions for a variance under 10.21.16.09B and 10.47.04.06. The Maryland Department of Health (Department) may not grant a variance for standards outlined in federal laws, federal regulations, or state statute.

The Behavioral Health Administration’s Variance Review Panel (the Panel) will review a program’s application for a variance from a regulatory standard to determine whether the variance requested is in compliance with the intent of the regulation. The Panel will recommend to the Deputy Secretary of the Maryland Department of Health whether to approve or deny the variance request. If a denial of a variance results in the denial of approval for the program, the applicant may request a hearing according to the provision of COMAR 10.21.16.12 for community mental health programs. There is no corresponding hearing process under Subtitle 47.

For a community-based behavioral health provider to be considered for a variance to extend the expiration date of its COMAR 10.21 or 10.47 license while its COMAR 10.63 license is in process, one or more of the following conditions must apply and the necessary documentation must be submitted:

* The behavioral health provider has been notified by an approved accreditation organization of a scheduled accreditation survey date in 2018. If a provider does not have accreditation by January 1, 2018, the provider may obtain a variance to this requirement if, instead, the provider submits verification from an approved accreditation organization that the accreditation survey has been scheduled.
* The behavioral health provider has been surveyed by the accreditation organization but is awaiting final determination from the accreditation organization. If a provider does not have accreditation by January 1, 2018, the provider may obtain a variance to this requirement if, instead, the provider submits verification from an approved accreditation organization that the provider’s accreditation survey has been conducted, and that the accreditation organization’s final determination is pending.

The behavioral health provider is awaiting its signed Agreement to Cooperate from a Core Service Agency (CSA), Local Addictions Authority (LAA), or Local Behavioral Health Authority (LBHA). If a provider does not have a signed Agreement to Cooperate, the provider may obtain a variance to this requirement if, instead, the provider submits documentation from a CSA, LAA, or LBHA demonstrating that the provider has completed the steps required in order to obtain the Agreement to Cooperate.

* The behavioral health provider is already accredited for other services by an approved accreditation organization and is awaiting approval of accreditation for a program for which the approved accreditation organization is developing behavioral health standards to meet specific service provisions in COMAR 10.63. If a provider is accredited for other programs but does not have behavioral health program accreditation by January 1, 2018, because the accreditation organization has not yet finalized its behavioral health standards, the provider may obtain a variance to the accreditation requirement if, instead, the provider submits documentation demonstrating that it is waiting for the accreditation organization to finalize its behavioral health standards. In addition, the provider must submit verification from the accreditation organization that the provider’s accreditation survey has been scheduled.

The applicant for a variance shall:

1. Use the variance application form required by the Department;
2. Include in the application additional information that supports the variance request;
3. Submit a complete original COMAR 10.63 license application, an original variance application, and supporting documentation (in one mailed package) before January 1, 2018, to:

Stacey Diehl

Behavioral Health Administration’s Licensing Unit

Office of Health Care Quality

Spring Grove Hospital

55 Wade Avenue, Bland Bryant Building

Catonsville, MD 21228

For additional information, please contact the Behavioral Health Administration’s Licensing Unit at 410–402–8198;

1. Provide a copy of the complete variance application to the appropriate CSA, LAA, or LBHA director; and
2. If applicable, list those individuals from the program with whom the Variance Panel should confer.



BEHAVIORAL HEALTH ADMINISTRATION (ADMINISTRATION)

APPLICATION FOR A VARIANCE FROM

SUBTITLES 21 AND 47 REGULATIONS

– COMAR 10.63 LICENSING –

**Please submit the COMAR 10.63 license application and the variance application form before January 1, 2018, to:**

Stacey Diehl

Behavioral Health Administration’s Licensing Unit

Office of Health Care Quality

Spring Grove Hospital

55 Wade Avenue, Bland Bryant Building

Catonsville, MD 21228

Date: Click here to enter a date.

Program requesting variance:

Name: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Specific site for which the variance is requested (if requesting a variance for more than one site, please list additional sites on Attachment A):

Name: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Person requesting the variance:

Name: Click here to enter text. Title: Click here to enter text.

Telephone number: Click here to enter text. Fax number: Click here to enter text.

E-mail address: Click here to enter text.

Core Service Agency, Local Addictions Agency, or Local Behavioral Health Authority notified:

YES  NO If yes, which one? Click here to enter text.

Type of program (must match program type listed on program’s approval certificate from the Department):

Please submit a copy of your current approval certificate.

COMAR 10.21 or 10.47 General Certificate of Approval

Program (s): Click here to enter text.

SAMIS No.: Click here to enter text. Registration Number: Click here to enter text.

Expiration Date: Click here to enter text.

Population served:  Adults  Children & Adolescents  Both

Last Office of Health Care Quality survey:

Date: Click here to enter text. Status: Click here to enter text.

**COMAR 10.63.06.21A(9) Deadlines and Effective Dates of this Chapter** (Please check the variance condition that applies to your request.)

The behavioral health provider has been notified by an approved accreditation organization of a scheduled

accreditation survey date in 2018.

The behavioral health provider has been surveyed by the accreditation organization but is awaiting final

determination from the accreditation organization.

The behavioral health provider is awaiting its signed Agreement to Cooperate from a Core Service Agency

(CSA), Local Addictions Authority (LAA), or Local Behavioral Health Authority (LBHA).

The behavioral health provider is already accredited for other services by an approved accreditation

organization and is awaiting approval of accreditation for a program for which the approved accreditation

organization is developing behavioral health standards to meet specific service provisions in COMAR 10.63.

Describe the program’s attempt(s) to comply with the regulatory requirement(s) cited above:

|  |
| --- |
|  |

Describe the method(s) by which the program will, by variance, comply with the intent of the regulations and safeguard the health, welfare, and safety of the recipients of service (*You may attach supplemental information if you wish*):

|  |
| --- |
|  |

Does the program wish to attend the Variance Review Panel meeting to discuss this application?

YES  NO

If yes, with whom from the program should the Variance Panel should confer? Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**AT*TACHMENT A***

**Additional Site Information**

**(**If additional site information must be added, please make a copy of this form and list the specific site)

Specific site for which the variance is requested:

Name: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Type of program (Must match program type listed on program’s approval certificate from the Department):

COMAR 10.21 or 10.47 General Certificate of Approval

Program (s): Click here to enter text.

SAMIS No.: Click here to enter text. Registration Number: Click here to enter text.

Expiration Date: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific site for which the variance is requested:

Name: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Type of program (Must match program type listed on program’s approval certificate from the Department):

COMAR 10.21 or 10.47 General Certificate of Approval

Program (s): Click here to enter text.

SAMIS No.: Click here to enter text. Registration Number: Click here to enter text.

Expiration Date: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific site for which the variance is requested:

Name: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Type of program (Must match program type listed on program’s approval certificate from the Department):

COMAR 10.21 or 10.47 General Certificate of Approval

Program (s): Click here to enter text.

SAMIS No.: Click here to enter text. Registration Number: Click here to enter text.

Expiration Date: Click here to enter text.