BEHAVIORAL HEALTH ADMINISTRATION

State Care Coordination *(SCC)*
and
Maryland RecoveryNet *(MDRN)*

PROVIDER MANUAL

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STATE CARE COORDINATION (SCC) OVERVIEW

The Behavioral Health Administration (BHA) provides Federal Substance Abuse Block Grant (SABG) funding for State Care Coordination (SCC) to Local Behavioral Health Authorities (LBHAs) and Local Addiction Authorities (LAAs) in Maryland's 23 jurisdictions and Baltimore City in an effort to expand access to a comprehensive array of community-based behavioral health services and faith-based community services for Maryland residents who are in early stages of recovery from a Substance Use Disorder (SUD) or a co-occurring mental health and substance use disorder (MH/SUD). SCC is designed for individuals who are transitioning from an American Society of Addiction Medicine (ASAM) level substance use disorder (SUD) residential treatment program, incarceration, or homelessness to community-based care, or who have otherwise been determined eligible for Maryland Recovery Net (MDRN) services. SCC and MDRN services both aim to improve recovery outcomes for individuals identified as at high risk for relapse by connecting them to needed community services and resources.

MARYLAND RECOVERYNET (MDRN) OVERVIEW

Maryland RecoveryNet (MDRN) works collaboratively with State Care Coordination (SCC) entities and Maryland Certification of Recovery Residences (MCORR) certified recovery residences statewide to provide access to certified recovery residences for individuals in early recovery who have been diagnosed with SUD or co-occurring Mental Health and SUD. These services assist in defraying the cost of an individual's recovery residence stay when existing resources from the individual, the individual's family, the community, or other private and public sources have been exhausted or are otherwise unavailable. MDRN funding supplements, but does not replace or supplant, prevailing services and funding streams. MDRN eligible individuals may access MDRN SUD Client Support Services funding through the Local Behavioral Health Authority (LBHA) or Local Addition Authority (LAA) for the purchase of emergency goods and other services to alleviate a need that presents a barrier to the individuals' recovery. Both SCC and MDRN are designed to provide participants with referrals and linkages to community services that facilitate the attainment of their personal and recovery goals. State Care Coordinators meet with participants throughout the course of their enrollment in SCC and/or MDRN to develop and update the Individualized Recovery Plan (IRP)/Individualized Care Plan (ICP) and to coordinate continued access to covered services. All SCC and MDRN participants are encouraged to work with the State Care Coordinator in the jurisdiction in which they are currently residing.

All MDRN participants are eligible to enroll into SCC through which they can access recovery housing services, as well as SUD Client Support Services funds to subsidize the cost of prescriptions, transportation, vital documents, transitional support needs, and medical services. Like SCC, all MDRN services are designed to assist recipients in remaining engaged in their recovery journey while promoting independence, self-sufficiency, and stability. A potential service recipient must apply to the MDRN program through their State Care Coordinator and be approved by the BHA MDRN Regional Area Coordinator (RAC) in order to receive MDRN recovery housing services. SCC and MDRN policies and requirements are addressed in this Provider Manual, as follows.

BEHAVIORAL HEALTH ADMINISTRATION *(BHA)*
State Care Coordination *(SCC)* and
Maryland RecoveryNet *(MDRN)*

Forms for SCC services may be obtained by accessing the BHA website:
https://health.maryland.gov/bha/Pages/newforms.aspx

Forms and additional information for MDRN services may be obtained by accessing the BHA website:
https://health.maryland.gov/bha/Pages/Recovery-Residences.aspx

INDIVIDUAL CHOICE

The SCC and MDRN programs are person-centered, recovery initiatives that strive to meet the unique needs of each participant. In order to enroll in the program, individuals must make an informed decision as to the nature and type of behavioral health treatment and recovery support services are needed, and commit to participate in such services for the length of time necessary to support implementation of an IRP/ICP. Individuals who opt to enroll in MDRN services must also agree to work with a State Care Coordinator while MDRN services are being provided. Neither the SCC nor the MDRN program shall place any restrictions on participants' rights to choose a treatment or recovery support provider, provided the program is licensed or certified by the Department and for recovery residences be MDRN-approved.

SCC/MDRN ACCESS AND ELIGIBILITY REQUIREMENTS

Intake and enrollment into SCC and MDRN are conducted by State Care Coordinators who will work with the participant until individualized recovery plan goals (IRPs) are met; individuals will be reassessed at six months to assess for continued need for services. Each participant is able to choose recovery housing service providers from a list that is maintained by the BHA. Other ancillary services that participants may need to access may be reviewed with the State Care Coordinator. SCCs are encouraged to have a working list of available community resources that is maintained and updated regularly.

In order to access either program, a participant must first meet established eligibility requirements and freely choose to enroll and participate in the program. Access points for services may include, but are not limited to American Society of Addiction Medicine (ASAM) Residential SUD and community-based SUD treatment programs, hospitals, somatic health care providers, mental health providers, homeless shelters, correctional and detention center facilities, and recovery residences. An individual must first be enrolled in SCC in order to access MDRN services. Individuals returning to the community from a controlled environment (i.e., jail, prison, or a detention center) may begin the intake process for SCC and MDRN services 30 days prior to release; however, services may not begin until the individual has been physically released from the institution. SCCs must always obtain prior approval from the institution and the LBHA/LAA to gain access to the facility. This may be done by coordinating with jail, prison, or detention center social work or case management staff inside of the institution as well as with the LBHA or LAA of the jurisdiction in which the facility is located. Each jurisdiction may develop its own referral and intake documents based upon jurisdictional program needs and requirements; however, all documents must be reviewed and pre-approved by the BHA Coordination of Care Program Manager and MDRN Director prior to implementation of either a paper process or through forms within an Electronic Medical Record (EMR)/Electronic Health

Record (EHR).

There are two categories of eligibility for State Care Coordination:

1. Individuals with a SUD or co occurring SUD and MH diagnosis transitioning from an ASAM level of care, which includes residential SUD treatment, outpatient treatment, intensive outpatient treatment; individuals who self-identify as being homeless; or individuals transitioning from a jail or detention center; and

2. Once an individual has been determined eligible for SCC, the individual then becomes eligible for MDRN.

Individuals are not required to be in SUD and/or MH Treatment to be eligible for State Care Coordination services. Individuals should be actively seeking recovery support services (Narcotic Anonymous-NA, Alcoholic Anonymous-AA, etc.) or other community-based recovery support services. *

Additionally, participants must:

1. Be 18 years of age or older;

2. Be a Maryland resident for the duration of their relationship with an assigned State Care Coordinator;

3. Have a diagnosed SUD or co-occurring SUD and mental health disorder;

4. Have signed, written documentation from the treating clinician stating that the individual is actively engaged in SUD related treatment services for the full duration of the individual's eligibility for MDRN services;

5. Have an income at or below 250% of the Federal Poverty Level;

6. Provide emergency and collateral contact information for at least one trusted family member or at least three individuals with whom the participant has a trusting and safe relationship, to include address, telephone number, and email address, if applicable, to facilitate biweekly service encounters; and

7. Agree to sign a consent for release of information to facilitate coordination of care efforts. No confidential information shall be provided to any entity unless expressly authorized by the individual. A copy of a valid consent to release information form, signed and dated by the individual, shall be retained on file by the SCC and MDRN recovery residence provider. The individual may

revoke consent at any time.

MDRN CLIENT SUPPORT SERVICES

MDRN eligible individuals may access MDRN Client Support Services funding through the LBHA or LAA for the purchase of emergency goods or for the provision of services to alleviate a need that presents a barrier to the individuals' recovery. The purpose of MDRN SUD Client Support funds, is to enable an individual to access or retain community-based behavioral health services and shall be linked to the individual's clinical treatment and individualized treatment plan (ITP)/individualized care plan. Any requests for MDRN funding must demonstrate the relationship between the requested MDRN service or support and the individual's identified clinical treatment or recovery support goal. Client Support Fund assistance is available to support needs such as, transportation, vital documents, transitional support, somatic healthcare, and pharmacy needs.

In order for the individual to receive MDRN-funded services, written documentation from the treating clinician stating that the individual is actively engaged in SUD treatment at the time of the initial request or that an initial appointment has been scheduled and confirmed, documentation authorizing the release from an institution, jail or detention center, or if transitioning from any ASAM level of care, documentation must be on file with the MDRN provider before services may be rendered. Ongoing documentation that the individual is receiving SUD treatment from a licensed Public Behavioral Health Service (PBHS) SUD treatment provider is required in order for the individual to retain eligibility for MDRN services

Invoices for MDRN Client Support Services shall not be reimbursed in the absence of an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the item(s). Only those specific items for which approval has been granted in advance shall be reimbursed. If a specific item has not been explicitly identified and pre-approved, payment for that item shall not be reimbursed.

MDRN is to be utilized as a funding of last resort after all other community, private, individual, or family resources have been exhausted. The LBHA or LAA must use an assessment form created by the Local Authority to document the availability of other resources in the community, which resources were pursued, and the outcome of those pursuits. At a minimum, three alternative resources must be consulted. Reimbursement shall be for only approved actual costs of goods or services minus the contributions from all other sources.

Any annual expenditure in excess of $1,000 for any one individual must be approved in advance by the BHA's Director or Assistant Director of the Clinical Services Division, Adults and Older Adults or their designee. The cumulative $1,000 per client per fiscal year threshold merely represents the upper limit of approval authority for the LBHA/LAA for any individual without further written BHA approval; it does not represent an annual funding amount to which an MDRN eligible client is entitled to receive.

MDRN eligible Client Support Services Funding may be utilized for the following:

Transportation

Monthly or reduced fare tokens, passes, or vouchers to support transportation for participants engaged in Fee-for-Service (FFS) Public Behavioral Health System (PBHS) SUD treatment services, when Medicaid (MA) does not pay for the transportation, and a sustainability plan exists for how transportation shall be provided when MDRN funds are no longer available. Transportation funds may be used on a time-limited basis for MDRN clients to access or retain community-based behavioral health services. Funds may only be used to support transportation costs from a licensed or registered transportation network provider (e.g., public transportation: bus, subway, light rail, taxicab; ride sharing service). It also may be used to purchase specialized transportation services including mobility vouchers, and cab services under certain conditions.

Vital Documents

Client Support Services funding may be utilized to acquire birth certificates, Maryland State photo identification cards, and driver's licenses.

Transitional Support Needs

Transitional Support Needs may only be utilized as emergency or one-time only purchases for clothing or personal hygiene items, educational or employment expenses in connection with the individual's approved supported employment, SUD or MH treatment, or recovery plan when the expenditure is not otherwise eligible for coverage from the Division of Rehabilitation Services (DORS) or a related state or federal program. Transitional support requests must be for specific items and not for broad categories of items. Each item to be purchased must be specifically and separately described with the MDRN Client Support Services request.

Funds may be used for the following allowable emergency or one-time only permanent housing costs ***(not for a recovery residence)*** in order to alleviate a need that is presenting a barrier to recovery:

- Security deposit and first month's rent for permanent housing ***(not for a recovery residence, provider-owned residence, or facility)***
- Utility turn-on charges or deposit for permanent housing ***(not for a recovery residence, provider-owned residence, or facility);***
- Basic household goods to establish a permanent housing residence ***(not for a recovery residence, provider-owned residence, or facility)***; and
- Past due utility, rent, or mortgage when payment enables the client to remain in

permanent housing, and when there is a sustainable plan for continuing payment by the client ***not for a recovery residence, provider-owned residence, or facility).***

Medical Services

Funds may be used for medical or dental services for which no other resource exists or for durable medical equipment (e.g., eyeglasses, hearing aids). A completed copy of the Public Behavioral Health System (PBHS) uninsured eligibility form, and a completed copy of a Medicaid or Health Insurance Exchange application and documentation of submission must accompany the request for medical services.

Pharmacy

Funds shall be used for MDRN clients who are not Medical Assistance (MA) beneficiaries and who receive a prescription for a medication related to the treatment of a behavioral health disorder or a medication which supports the administration of a medication related to a behavioral health disorder from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing, and legally authorized to prescribe the medication. Funds shall be used as a last resort after exhausting other alternatives such as:

- Physician samples
- Pharmaceutical companies' indigent medicine program
- Med Bank
- Charitable organizations

A completed copy of the PBHS uninsured eligibility form, and a completed copy of a Medicaid or Health Insurance Exchange application and documentation of submission must accompany the request for pharmaceuticals. Funds shall only be used after Medicare Part D coverage has been exhausted and not for the Medicare "donut hole."

Ineligible Use of MDRN Client Support Services Funds

MDRN funds shall not be used for the purchase of or reimbursement for purchase of the following:

- Goods and services for the use of employees, consultants, contractors, staff of the LBHA/LAA, SCC entity, recovery residence or any other affiliated entity for any friends or family members of employees, consultants, contractors, staff of the LAA/LBHA, SCC entity, or any other affiliated entity;
- Cell phones, cell phone services, or associated fees and charges;

- Passports;
- Furniture, household furnishings, or supplies for the operation of a recovery residence, provider-owned residence, or facility;
- Communal supplies for the operation of recovery residences, provider-owned residences, or facility including but not limited to toilet paper, cleaning and household supplies, bedding, towels, cutlery, cooking utensils, dishes, or appliances;
- Services that are directly or indirectly provided by SCC or MDRN approved providers;
- Recovery residence, provider-owned residence, or facility operating expenses; or
- Recovery residence fees such as: application, security deposits, move-in fees, or any other fees, charges, or rent for a recovery residence or provider-owned residence.

Additional ineligible use of MDRN Client Support Services Funds can not be used to cover services or equipment that is reimbursable by the PBHS or other payor, which includes:

- Co-pays for services reimbursable by the PBHS;
- Clients' personal, family members', or friends' vehicle repairs, emissions tests, registration fees, transfer taxes, titling fees, insurance premiums, monthly payments or down payments of any kind;
- Gasoline, including mileage reimbursement, for use in a client's personal, family members' or friends' vehicle;
- Gym or health club memberships (unless prescribed by the treating physician);
- Legal fees, fines, or debts not otherwise specified under the "Transitional Support Needs" heading of this section; or
- Gift cards, incentive payments; or rewards.

MDRN HOUSING SERVICES

MDRN Recovery Housing means a recovery residence that is certified and MDRN-approved to provide alcohol-free and illicit drug-free housing to individuals with substance-related disorders, and co-occurring mental health and substance-related disorders.

Please remember the information contained here is to serve as a guide, and that the MDRN Regional Area Coordinator (RAC) may approve or deny any service requests depending on the nature of and circumstances

surrounding the request, and the availability of MDRN funds. MDRN utilizes State General Funds; thus funding is limited and does not constitute an entitlement.

RECOVERY RESIDENCE LOCATION CHANGES (ADDING/REMOVING LOCATION)

BHA requires that Maryland Certification of Recovery Residences (MCORR) be notified of any changes in program status 60 calendar days prior to such actions becoming effective. Recovery housing owners or operators planning to permanently discontinue or temporarily suspend program operations must submit to MCORR, not later than 60 calendar days prior to the planned program closure or suspension a written plan on the provider's letterhead that includes provisions for the following:

1. Permanently discontinuing or temporarily suspending program operations including the reason for program closure or suspension, the expected timeline for discontinuation or estimated duration for the suspension of program operations, the number of residents affected by the discontinuation or suspension of program operations, and the location of the temporary residence(s), if applicable;

2. Written notice to residents of the planned discontinuation or suspension of program operations, the expected timeline for discontinuation or estimated duration for the suspension of program operations, the location of the temporary residence(s), if applicable, resources for other certified recovery residences and housing options;

3. Written notification to employees, volunteers, staff, and peers of the cessation or suspension of operations and the expected timeline for discontinuation, or estimated duration for the suspension of program operations; and

4. Storing and protecting all participants, programs, and financial records.

The recovery housing owner or operator shall immediately inform MCORR if, for unplanned reasons, program operations are temporarily suspended or permanently discontinued. BHA, MCORR, and the LBHA or LAA have the right to contact residents to discuss the discontinuation or suspension of program operations, and to facilitate participant placement. At all times during this process, the recovery residence owner or operator shall cooperate with BHA, MCORR, and the LBHA or LAA. If the recovery residence owner or operator does not comply with the requirements specified in this section, BHA and MCORR may deny any future applications for recovery residence certification or MDRN funding submitted by the owner, operator, or principals of the recovery residence.

If a recovery residence owner or operator wishes to relinquish certification for a certain recovery residence or does not apply to renew certification for that residence, the owner or operator must submit to MCORR a written plan on the provider's letterhead that includes provisions for the following:

1. Informing residents of the planned discontinuation of certification and of other certified recovery residences and housing options;

2. Discontinuing referrals from BHA and the LBHA or LAA in advance of expiration of the recovery residence certification; *and*

3. Transitioning any resident who is receiving funding to a certified recovery residence if the resident chooses to continue receiving MDRN funding.

NOTE: MCORR Certifications and MDRN approvals for service locations are NON-TRANSFERRABLE

Please complete and submit a MDRN location change or additional/removing location form and a copy of the MDRN application along with supporting documentation, if needed, such as (W-9, EIN letter, MCORR Certificate of Compliance) to: mdrn.housinginfo@maryland.gov. Upon approval, your provider file will be updated.

MEDICATION ASSISTED TREATMENT (MAT)

Recovery residence screening protocols shall be consistent, fair, and documented. A recovery residence shall not deny or reject an applicant solely based on their use of MAT. Such exclusions may violate the Federal Fair Housing Act and the Americans with Disabilities Act (ADA). If an individual is prescribed medication to treat a substance use disorder, the Americans with Disabilities Act (ADA) and Fair Housing Act (ADA) may require housing programs to admit the individual. The ADA also requires that state-funded housing provide "reasonable accommodations" to individuals with disabilities, including those in recovery from a SUD.

Reasonable accommodations can be found here under HOUSING: https://adata.org/factsheet/ada-addiction-and-recovery-and-government

All recovery residence providers entering into an agreement with MDRN must have a written nondiscrimination policy including protections for individuals on MAT and considerations for the safe and effective use and storage of prescription and nonprescription medication. This policy must be submitted with the Housing Provider Application to the BHA. MDRN services providers shall not:

- Deny service delivery to a SCC or MDRN participant solely due to individual's being on full or partial opiate agonist medication (Methadone or Buprenorphine) or full antagonist medication (Naltrexone);

- Make admission contingent upon the individual's eventual detoxification from full or partial opiate agonist medication or discontinuation of full antagonist medication; or

- Deny service delivery to a SCC or MDRN participant who has been prescribed any other medication to treat a diagnosed medical condition. This includes stimulant medication for individuals with a diagnosis of ADHD.

If an individual is denied access to services by the recovery residence provider because of MAT participation, the first incident shall require a Corrective Action Plan (CAP) between MDRN and the service provider. A reported second offense shall result in the service provider being removed from the MDRN provider list.

ELIGIBILITY AND REFERRAL PROCESS - MDRN RECOVERY HOUSING SUPPORT

1. The State Fiscal Year (SFY) is from July 1 to June 30. Each SFY, MDRN participants are eligible to apply to receive funding for the initial 60 days of housing services. If the participant is found to be eligible at the time the housing request is submitted, the SCC will send a Housing Request form to: mdrn.housinginfo@maryland.gov.

2. When or if a 30-day extension is needed, the housing provider may request it by sending an email request to: mdrn.housinginfo@maryland.gov with the Housing Request form, an Individualized Employment Plan (IEP), and a personal statement with a minimum of three sentences submitted by the participant, explaining why the additional days are needed and how the additional days will support their recovery process.

3. If a participant requests a transfer to another recovery residence, the SCC will submit a Housing Request form and note ***"Transfer"*** on the request document.

4. The recovery housing application must be completed by the SCC and may not be completed by any other entities. If the participant is requesting a referral to a jurisdiction other than their place of residence, the SCC by whom the participant is currently being served should make the request and provide a **"warm" handoff** to the SCC in the jurisdiction to which the referral is being made.

Referrals for recovery housing require the SCC to complete the housing intake form in addition to all SCC and MDRN enrollment documents. The housing intake form must be emailed to the RAC and approved prior to placement. Once approved, the participant must select a provider from the list of approved MDRN recovery housing providers. In the event of a participant complaint about a provider, the participant will be offered the option to change providers, regardless of whether the complaint is substantiated.

APPROVAL PROCESS - MDRN RECOVERY HOUSING SUPPORT

Once a recovery residence has been approved for MDRN funding, the RAC will add the provider to the Box account. To set up a free *Box* account, please go to https://www.box.com/pricing/individual. After this account is set up, please send an email to mdrn.housinginfo@maryland.gov and specify the name and email address used for this account. The recovery housing provider will inform the RAC of the individuals who will require access to the account to update the bed tracker database. Once the individuals' email addresses have been added, they will receive an initiation email to the *Box*. When in the *Box*, the provider will see the approved sites listed. The bed tracker should be updated daily by the recovery housing provider. This process allows the provider the ability to monitor bed capacity.

BOX EDIT INSTRUCTIONS - MDRN RECOVERY HOUSING SUPPORT

STEP 1:
Click on the site to be edited.

STEP 2:
At the top of the screen, you will see "open." Once you click on "open," you will see "Microsoft Excel Online."

STEP 3:
A new window will open to begin editing the site. When all edits have been made, close out of the page. It is not necessary to "save," as changes are automatically saved as you edit.

CODES FOR BED TRACKING SHEETS

1. P = Present
2. A = Absent
3. D = Discharge
4. TA = Transfer within provider's program
5. TB = Transfer outside of provider's program

Bed tracking spreadsheets must include the following:

1. Resident's Name: List all residents residing at the specific site location listed on the spreadsheet. Residents that are not receiving MDRN funds should be listed in **RED**;

2. Funding Status: If the funding status has changed for a resident within the same month, list the resident a second time, indicating when this change has occurred;

3. House Manager's Name: Only if this person is residing at the site/residence;

4. Date of Birth: Include the date of birth for any resident receiving MDRN funds;

5. Code(s): Use the appropriate code for each day the resident is enrolled in the provider's recovery housing program; and

6. Comment Section: This section may be used to provide an explanation, notes, and any other relevant and pertinent details.

ELIGIBILITY AND REFERRAL PROCESS - MDRN CLIENT SUPPORT SERVICES FUNDS

A referral for MDRN client support funds should be initiated by the SCC to the jurisdiction's local systems manager (LBHA, LAA, CSA) contact.

The SCC shall:

1. Determine if individuals are eligible and amenable to participate in SCC and MDRN services. Once an individual has been determined eligible, they are then enrolled into SCC. The SCC will then assess the individual's needs for and availability of MDRN Client Support Services recovery housing options.

2. Complete an initial in-person intake/interview, unless the travel distance is more than 20 miles or greater than 30 minutes from the SCC's base of operations, in which case a telephone or virtual intake/interview is acceptable.

3. Meet with the individual at least 30 days prior to release from an ASAM SUD treatment facility, detention center, prison, jail, in the community at a designated safe space, or via phone, if necessary. During the encounter, the SCC will engage the individual to discuss available services that may be accessed through SCC and MDRN post-discharge or post-release.

4. Enroll individuals into the program through an Electronic Health/Electronic Medical Record system (EHR/EMR), if applicable, **OR** equivalent manual paper process for participant records management for data collection, service delivery documentation, and case management purposes.

5. Establish a schedule for, at a minimum, twice (2x) monthly contacts with the individual and provide case management for the duration the participant is enrolled in services. Case Management includes facilitating referrals to community services, follow-up and documenting the progress made by individuals participating in SCC and MDRN, assisting participants with scheduling appointments in the community with providers as needed, and informing all necessary parties of the processes involved in each participant's ICP/IRP.

6. Confirm participant's contact information and level of engagement in treatment (if receiving MDRN services) during each encounter or telephone call.

7. Collaboratively establish with the participant an ICP/IRP at intake that details their plan for recovery while engaged in SCC and/or MDRN services. The plan should be monitored and updated during service encounters to ensure participants are progressing in their recovery efforts.

8. Identify health care and recovery support needs with the participant and initiate referrals to needed resources and services, including but not limited to behavioral and somatic health care, needs-based or disability-specific entitlements and benefits, social service, housing, educational, and employment programs and services. Assist in the referral and scheduling for appointments as needed and consented to by the participant. When scheduling appointments, the SCC should facilitate the referral to the service provider with the expectation that the participant assumes responsibility for any follow up appointments.

9. Have the participant sign a Release of Information (ROI) allowing the SCC to communicate and provide care coordination with all service provider(s) with the understanding of the revocation of the release by the participant at any time while the individual is engaged in SCC or MDRN services; a ROI includes parole and probation officers when applicable.

10. Discharge from any EMR/EHR **OR** manual paper process used by the SCC after 30 days of no contact or the individual declines continuing services and support.

11. Render services that are culturally and linguistically competent, and address diversity, equity and inclusion during recovery planning and service encounters as evidenced by the provision of interpreting services for individuals who are deaf and hard of hearing or who may have Limited English Proficiency (LEP).

12. Comply with confidentiality of individual personal information, including but not limited to Protected Health Information (Health Insurance, Portability and Accountability Act - HIPAA) as set forth in applicable state and federal regulations. Confidentiality of an individual's information is an ethical obligation for behavioral health providers and a legal right for every individual.

13. Participate in all scheduled or unscheduled site visits and meetings as required by MDH/BHA.

14. Submit critical incident reports as defined in COMAR 10.63.01.02 https://dsd.maryland.gov/regulations/Pages/10.63.01.02.aspx to the BHA Coordination of Care Program Manager on a Critical Incident Reporting Form provided by BHA within 24 hours following knowledge of the incident. The Critical Incident Reporting Form should be submitted to: cir.sccmdrn@maryland.gov.

MDRN RECOVERY HOUSING SERVICE PROVISION

The Housing Provider should not request the following fees if receiving funds for a MDRN service recipient for housing services rendered:

1. Application fee
2. Move-in fee
3. Security deposit fee
4. Any other fees, charges, or rents.

The Recovery Housing Provider is responsible for:

1. Maintaining a current certificate of compliance issued by the Maryland Certification of Recovery Residences (MCORR): https://bha.health.maryland.gov/Pages/Recovery-Residences.aspx

2. Ensuring a housing referral has been completed by the State Care Coordinator and approved by the Regional Area Coordinator prior to acceptance of an individual.

3. Obtaining the participants signature for verification of service delivery. Failure to obtain participants' signatures for verification of service delivery may result in repayment of funding.

4. Communicating concerns with a participant's behavior while engaged in SCC and/or MDRN services to the State Care Coordinator and Regional Area Coordinator.
5. Notifying the SCC and RAC when a service recipient is no longer residing at a residence.

6. Notifying the SCC and RAC of CIRs as defined by BHA.

7. Maintaining all participant documentation as required by BHA.

8. Adhering to the 2018 National Alliance of Recovery Residences Standards.

*****NOTE** In order to be eligible to receive state funding, a current certificate of compliance issued by MCORR is required. Claims will only be paid for services rendered at an approved MDRN service location.***

THE *"WARM HAND-OFF PROCESS"* FOR SCC AND MDRN SERVICES

If it is anticipated that an individual with a Substance Use Disorder (SUD) will need SCC and/or MDRN services post-discharge from any of the referral access points (i.e, ASAM residential treatment program, a correctional facility, homeless shelter), the referral shall be initiated by the State Care Coordinator of the jurisdiction in which the individual is physically located at the time of the request.

For instance, if the individual resides in Baltimore City, then the designated Baltimore City SCC should initiate **ALL** SCC, MDRN, and/or SUD treatment or recovery support service referrals to the jurisdiction in which the individual has expressed interest in residing. The referring State Care Coordinator is expected to work with the State Care Coordinator of the jurisdiction to which the individual will be transitioning in order to facilitate the SCC and/or MDRN housing and SUD Client Support Services request, as needed, and to fully transition SCC, MDRN, and SUD treatment service referrals to the new jurisdiction.

It is expected that there will be a **"warm handoff"** of services from the State Care Coordinator of the referring jurisdiction to the State Care Coordinator of the receiving jurisdiction will be responded to within 72 hours of receipt of the referral. This means that there will be ongoing communication between the transferring and receiving State Care Coordinator to ensure that the individual is accessing SUD treatment and needed resources in the new jurisdiction prior to the case being fully closed in the referring jurisdiction. Since a State Care Coordinator may only request MDRN SUD Client Support Services funding from their own jurisdiction, careful coordination of care and services between both State Care Coordinators is critical to ensure that the individual's needs are met in a timely fashion.

DOCUMENTATION

Each jurisdiction should develop BHA-approved documents for SCC and MDRN intake/enrollment, referrals to recovery support services, and/or SUD treatment, case management, and discharge. Enrollment documents should include the following, but should not be limited to:

- Demographic information: name, address, date of birth, race, ethnicity, gender, contact phone number (participants and collateral contact phone)
- SUD and/or mental health diagnosis (dx) from the Diagnostic and Statistical Manual of Mental Health Disorders 5th edition (DSM-5). More information on the DSM-5 may be found here: https://www.psychiatry.org/psychiatrists/practice/dsm
- Recommended ASAM or other level of care
- Referral source and contact information
- Date of discharge from current treatment level of care (For SCC services)
- Date of enrollment in and name of current treatment provider (For MDRN services – ASAM residential or community based outpatient – Levels: 1, 2.1, 3.1, 3.3, 3.5, 3.7, 3.7WM)
- Drug of choice (primary/secondary/tertiary)
- Current mental health provider and diagnosis if applicable
- Current primary care/somatic care physician if applicable
- Legal involvement [probation/parole/open court date(s)]
- Current MAT provider if applicable or participants interest in MAT
- Referrals to community services requested

Each BHA covered service that is rendered must be reflected and consistent with documentation in the provider's record system — electronic and/or paper files. Each service contact with the participant must be documented in the individual's file and include the following elements:

- Date of service contact
- Type of contact (in-person, face-to-face video, phone)
- Start time of the service
- End time of the service
- Brief description of the service provided
- Report of progress toward the achievement of recovery plan goals
- Plan for follow-up action or coordination of care
- Care coordinator signature, title, and credentials (if applicable)

Additionally, files must:

- Be individualized to each participant and only contain information for that individual
- Be kept in a secured place at the authorized service site
- Be accessible only to authorized staff of the service provider and BHA, LBHA, and LAA staff

- Include the contact notes for each covered service provided and include the participants signature for all services rendered
- Be maintained in accordance with confidentiality laws and regulations
- Be maintained in a manner consistent with specific licensure/certification requirements for the service
- Be kept by the service provider for a period of five years subsequent to the end date of the last service provided.

SCCs ROLES AND RESPONSIBILITIES

The SCC should have knowledge of community resources and core competencies to effectively establish relationships in the community, build a rapport of trust with the participant, facilitate SUD recovery planning, negotiate conflict resolution, and engage and empower participants utilizing evidence-based motivational interviewing strategies.

SCCs promote continuity of care by helping individuals to transition from one level of care to another, to improve recovery outcomes, and to access recovery support services and community resources available within their jurisdiction.

Core competencies, knowledge, and skills necessary to effectively perform the role of a SCC are:

- Clear, concise and empathetic communication;
- Listening, understanding, and reflective skills;
- Ability to build strong, empathetic, and accountable relationships with participants to establish a rapport of trust and respect;
- Ability to discern an individual's strengths and needs at different stages of their recovery, and to connect them with appropriate recovery support services and resources or referral to behavioral health treatment, if needed;
- Cultural and linguistic sensitivity that promotes diversity, equity, and inclusion;
- Ethical boundaries; and
- Fundamental knowledge of the Stages of Change. More information on the Stages of Change model can be found here: https://www.ncbi.nlm.nih.gov/books/NBK64942/table/A61041/

THE STATE CARE COORDINATOR AND PERSONAL SAFETY

It is strongly recommended by the BHA that if the jurisdictional policies and procedures permit the transportation of individuals by a SCC in a personal vehicle that a documented personal safety system and plan be in place to protect the State Care Coordinator. (e.g., buddy system, timed check-ins, time-in and

time-out travel log)

PERSON CENTERED CARE AND INDIVIDUAL CHOICE

The SCC and MDRN Programs are recovery initiatives that are consumer focused on the individual and strive to meet the unique needs of each individual. In order to enroll in the program, individuals must make an informed decision about whether they are interested in the services and willing to participate for a prescribed duration of time as deemed necessary to support an individualized Recovery Plan (IRP)/Individualized Care Plan (ICP). The individual must also agree to complete the intake screening, and agree to work with a State Care Coordinator for the duration that services are being provided. Participants reserve the right to decline services at any time as an individual's informed choice is the foundation for person-centered care. The State Care Coordinator must ensure that participating individuals have free and genuine choice in the selection of services, and that the selection process is conducted in a way that is respectful and cognizant of the individual's cultural background, is linguistically appropriate, and includes the participant's self-identified needs. Additionally, communication with SCCs in other jurisdictions is **KEY** when a participant may elect to receive other types of recovery support services in a different jurisdiction.

COMMUNITY PARTNERSHIP

The SCC will establish relationships with behavioral health providers (SUD and MH), ASAM residential treatment facilities, case managers, aftercare coordinators, homeless shelters, recovery residences, and other recovery support service community providers to maintain community partnerships. A discharge plan/summary is required for enrollment upon discharge from a treatment facility.

DISCHARGING FROM SCC AND MDRN

After 30 days of no contact or the individual declines continuing services and support, the SCC will discharge the participant from applicable jurisdictional systems (EMR/EHR) and/or paper charts that were utilized to document engagements and services rendered. SCCs can try to avoid unplanned discharges with consistent outreach and engagement. Sometimes, a participant will display certain behaviors that can signal they are becoming less amenable to services or are on the verge of relapse. Engaging the participant in discharge planning discussions early could also avoid untimely discharges from the program. The goal is to prepare the individual for a discharge that leads to a successful and collaborative plan for continuing recovery without the continued support of the SCC.

If an individual becomes deceased during enrollment in services, the SCC should complete a discharge indicating the individual is deceased. A Critical Incident Report must also be submitted.

If an individual becomes incarcerated after enrollment into services, the State Care Coordinator will discharge the patient from all services where applicable. The SCC is encouraged to build relationships with local detention centers and correctional facilities, whenever possible, so they are able to enroll incarcerated individuals into services upon release. This process should take place at least 30 days prior to the individual

being released from incarceration. Individuals will be unable to access services while incarcerated.

STAFF CHANGES

In the event there has been a change in staff to include resignation, termination, and/or position change, the Coordination of Care Program Manager (SCC) and Regional Area Coordinator (RAC) must be notified via a Staff Change Form.

- Completed Staff Change forms for Recovery Residences may be emailed to: mcorr.info@maryland.gov *****Please include notifications to your RAC*****
- Completed Staff Change forms for State Care Coordination may be emailed to: sheniyah.mitchell@maryland.gov

SCC AND MDRN MONTHLY WORKGROUP

The workgroup meets monthly to discuss and evaluate obstacles to service access and delivery and to recommend protocols for a more consistent and uniformed workflow across jurisdictions. The workgroup will also create an opportunity to network with other SCCs. A representative/designee or alternate from each jurisdiction receiving funds from BHA is required to attend this monthly meeting.

SCC AND MDRN QUARTERLY FORUM

SCC and MDRN forums are scheduled quarterly to provide jurisdictions with regular program and system updates from BHA and the Maryland Department of Health (MDH), and foster a learning collaborative and forum for jurisdictional discussion. Attendance at these meetings is required by the Administration as part of the Conditions of Award (COA) for receiving SCC and MDRN funding. The regional meetings should be attended by all SCCs, SCC supervisors, and recovery housing providers.

AUDITS, MONITORING, AND SITE VISITS

Audits and site visits may be conducted by BHA or its designee, as needed, to provide technical assistance (TA) and to facilitate mid-cycle and annual program reviews. If services are provided by a sub-vendor, compliance with BHA's COA shall be assessed through on-site visits conducted by the LBHA, LAA, or CSA, utilizing a standardized monitoring tool to assess compliance. For any identified areas of sub-vendor non-compliance, the LBHA, LAA, CSA shall require a Corrective Action Plan (CAP) or Program Improvement Plan (PIP), monitor CAP/PIP progress, and submit a detailed site visit monitoring report to the BHA.

BHAs auditing and monitoring team, and the MDRN RACs will conduct audits on a random basis at least once annually and, on an ad hoc basis, with each provider and the service participants for quality assurance purposes to evaluate the appropriateness and integrity of services rendered to the participant. Audits shall include a review of at least 10% of all active and closed cases since the last audit. These cases are chosen

randomly and participant records must be available to the BHA team at the time of the site visit or as otherwise arranged. Providers will generally be given the cases to be reviewed at least one week in advance of the date of the site visit.

Documentation collected from participant files for billable services shall be compared with Administrative Services Organization (ASO) claims data. An audit report shall be supplied to the provider and a copy retained in the BHA provider file. BHA retains the right to conduct unplanned or unannounced site visits at any time at its sole discretion. Audits and site visits may also include,but are not limited to, a review and evaluation of service recipient's eligibility, provider eligibility, provider staff personnel records, policies and procedures, provider program and financial records, participant records, service documentation and encounter data, and critical and provider incidents and an inspection of the site.

AD HOC AUDITS

BHAs monitoring team may conduct ad hoc audits or follow-up site visits in response to a formal complaint against a provider or irregularities identified in the course of the review and analysis of monthly data and report submissions. Site visits may be unplanned or unannounced depending on the nature of the visit and the degree of concern about provider operations; records selected are to be made available for review upon request.

Providers shall receive a report of findings within 30 days of the completion of the audit. If needed, action steps and a timeline will be included in the report. If a provider is determined to be out of compliance, a Corrective Action Plan/Performance Improvement Plan (CAP/PIP) shall be implemented immediately.

MONITORING AND EVALUATION

BHA staff shall randomly and through monthly data reporting, monitor and evaluate services and providers that are responsible for the service delivery of SCC and MDRN services. Providers who do not meet standards and requirements as stated in BHAs Condition of Award, the Provider Agreement, and the SCC and MDRN Manual, may receive technical assistance (TA) from BHA auditing and monitoring staff, and may be required to complete a CAP/PIP. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's agreement and retracting of funding.

PROVIDER GRIEVANCES

All complaints received by BHA will be documented and investigated. Grievances are defined as a complaint against BHA staff or regarding a policy that causes undue hardship on the service provider. A service provider has a right to submit a grievance without fear of penalty or retaliation. Should a MDRN service provider have

a grievance with BHA staff or a local authority, complaints should be submitted to: priya.arokiaswamy@maryland.gov.

SERVICE PARTICIPANT GRIEVANCES

A participant of SCC and/or MDRN services has a right to submit a grievance without fear of penalty, retaliation, or loss of services. Should a participant have a grievance regarding services received from a State Care Coordinator, all efforts shall be made to resolve the grievance via the Local Authority's (LBHA, LAA, CSA) grievance procedure. If the grievance cannot be resolved, then the service recipient is encouraged to contact BHA. BHA should be informed of all documented grievances, investigation results, and grievance resolutions. Corrective action may be implemented by the Local Authority and/or BHA as a result of a complaint. BHA will set time frames and confirm completion of all implemented corrective action plans. If a grievance is received that may impact the health and welfare of a service participant, BHA and/or law enforcement officials may be contacted immediately. If a provider is determined to have retaliated against an individual who filed a complaint, such retaliation is grounds for disciplinary action including provider suspension.

Recovery Residence Participant Complaints may be filed by email (patricia.konyeaso@maryland.gov) or mailed to:

Behavioral Health Administration
Attention: Patricia Konyeaso
Director - Maryland RecoveryNet
Vocational Rehabilitation Building
55 Wade Ave.
Catonsville, MD 21228

MDRN PROVIDER APPLICATION PROCESS

Prospective MDRN providers may request an application for consideration and approval as a Maryland RecoveryNet faith-based or community-based partner by submitting an application to mdrn.housinginfo@maryland.gov.

Upon receipt of a provider application, BHA will review all application documents and submit accepted applications for processing. Potential providers whose applications are not accepted will be contacted and given the opportunity to provide additional documentation. Provider applications may be approved or denied based, in whole or in part, on the number of existing MDRN service providers in specific service areas. Once an application has been reviewed, accepted, and processed, the BHA MDRN team may request a service delivery site visit. Upon successful completion of all administrative, programmatic, and site reviews, the service provider will complete, sign and return the MDRN to the RAC. A separate application must be submitted for each service location.

MDRN providers are **required** to attend various regional meetings, provider forums, and Optum Health

Trainings. Attendance is critical to continued provider eligibility as a MMDRN service provider and will be re-evaluated on a yearly basis. Please contact your RAC if you are unable to attend.

***Note*: Please make sure information listed in your EIN letter is the same information listed on your W-9 form and MDRN application**.

MDRN PROVIDER DISCIPLINARY GUIDELINES

If a MDRN provider is unable to meet the requirements of MDRN service provision, BHA staff reserves the right to take disciplinary action to ensure quality care is being provided to all service participants.

CORRECTIVE ACTION PLAN AND PERFORMANCE IMPROVEMENT PLANS (CAP/PIP)

BHA may place providers on a CAP/PIP if they are unable to meet the requirements set forth in the Provider Agreement, Provider Manual or other policies and procedures developed by BHA. CAPs/PIPs may be in place for a period of 30-90 days, depending on the severity of the issues and are executed and monitored by MDRN staff. The process for implementing a CAP/PIP is as follows:

- If a provider is found to be out of compliance with MDRN requirements, the RAC shall document the areas of concern and work with staff to write a formal report with the recommendation for next steps;

- A meeting shall be held with the RAC and MDRN provider within 14 days of becoming aware of the problem(s). If the severity of the problem is determined to be minimal, then a meeting is not necessary;

- After discussion, a final report will be completed and shared with the provider. This report will clarify responsible parties, actions necessary, and the timeline for such actions;

- Depending on provider type and the severity of the problem, MDRN staff will be responsible for oversight and monitoring for the duration of the CAP/PIP;

- If, at the end of the CAP/PIP, the provider has not met the goals or completed the tasks that were required, BHA may suspend the provider's MDRN approval status with the option to reapply after 3-6 months or may terminate the provider's MDRN approval with no option for them to reapply in the future.

MDRN PROVIDER SUSPENSION WITH OPTION TO REAPPLY

MDRN service participants currently accessing services at the recovery housing provider shall be given the option to change providers immediately. All funding and referrals will be discontinued at time of notification. Providers may have the option to reapply; however, their new application will be managed as a new provider.

Reasons for termination of MDRN provider suspension with the option to replay may include, but are not limited to the following:

- Unethical Practices: Include practices that are considered discriminatory or beyond the scope of service for a provider;

- Failure to communicate changes: Any changes in recovery housing provider status, must be reported by the provider to the RACs within 24 hours of the change; and

- Noncompliance with MDRN policies: All policies outlined in the recovery residence provider manual must be adhered to.

MDRN TERMINATION OF PROVIDER RELATIONSHIP

BHA reserves the right to terminate any agreement with recovery housing providers at its discretion and without providing an opportunity for a corrective action plan. Providers shall be notified and BHA staff shall work with that provider to transition existing clients from the residence. All funding and referrals will be discontinued at time of notification. The provider does not have the option to reapply to provide MDRN services. Reasons for termination of MDRN provider relationship may include, but are not limited to the following:

- Noncompliance with BHA policies: If any provider has been placed on a CAP/PIP and is unable to meet requirements in a given time frame **OR** if a provider was placed on suspension and upon readmission to BHA there are continued concerns;

- Loss of MCORR Certification and removal from the "Certified Recovery Residences" State of Maryland list located on BHA's website. For Housing Providers, Recovery Residences are required to be certified in order to receive referrals for MDRN funding;

- Engaging in any acts of Fraud, Waste, or Abuse as outlined below; and

- Owner or employee conviction for child abuse; abuse or neglect of a vulnerable adult; sexual abuse as defined by any state or federal law.

FRAUD, WASTE AND ABUSE MONITORING

The mission of the Office of the Inspector General (OIG) is to promote integrity and accountability within the Maryland Department of Health to deter, detect and investigate fraud, waste, abuse, employee misconduct, and to disseminate actionable and meaningful recommendations with the goal of protecting the interests of the State and its resources.

The OIG is an independent unit within the Maryland Department of Health made up of auditors,

investigators, compliance officers, data analysts, and career professionals dedicated to its mission and serving all Marylanders. The OIG's office:

- Perform audits of MDH programs and health care providers receiving Departmental funds;
- Investigate and audit Medicaid providers and recipients to ensure the integrity of Medicaid Programs;
- Ensure compliance with federal regulations and recommendations regarding integrity and ethics within MDH programs; and
- Coordinate and advise MDH to include its Administrations, to include BHA regarding privacy and the Health Insurance Portability and Accountability Act (HIPAA)

The BHA takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against state and federally funded initiatives.

Fraudulent practices include, but are not limited to:

- Falsifying information and documents or omitting relevant material facts;
- Misrepresenting staff credentials or qualifications, or provider certification status; and billing and accepting payment for services not rendered.
- Housing an MDRN recipient at a non-certified or non-approved recovery residence location.

Abusive practices include, but are not limited to:

- Providing unnecessary services to participants or inappropriate services based on the participants diagnosis or assessed condition;

- Knowingly not billing the appropriate payor;

- Offering or accepting payment to refer participants to a particular provider;

- Coercing a service participant to choose a particular provider;

- Offering incentives or inducements to receive services from a particular provider;

- Requiring recovery housing residents, for any reason, to relinquish their public assistance benefits, including but not limited to Temporary Cash Assistance, Independence Card, and Supplemental Nutrition Assistance Program benefits;

- Requiring recovery housing residents to appoint the recovery residence owner, operator, or any staff member of the recovery residence as the resident's representative payee as a condition of occupancy or otherwise sign a document requiring the relinquishment of the resident's Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefit payments;

- Requiring residents to receive treatment from a program, partnership, corporation, or provider that is owned, operated, or otherwise associated or affiliated with the recovery residence or its principals;

- Directly or indirectly soliciting personal favors or gifts in exchange for housing or services; and

- Misrepresenting service participant outcomes.

If a provider or any of its employees, volunteers, or board members commit participant abuse, neglect, or exploitation, malpractice, fraud, embezzlement or other serious misuse of funds, the BHA will terminate the provider's participation in BHA funded initiatives under these terms immediately upon written notice to the provider and may seek repayment of funds.

If a service participant commits fraud or other serious misuse of funds, the BHA will terminate the service participant's enrollment in BHA funded initiatives under these terms immediately upon written notice to the participant and provider and may seek repayment of funds.

CONFIDENTIALITY AND RELEASE OF INFORMATION

Confidentiality of participants' information is an ethical obligation for all provider types and a legal right for every individual, whether such information is received verbally or in writing, or it is received from the individual or a third party.

Service providers must comply with the confidentiality of an individual's information and protected health information requirements as set forth in state and federal regulations. The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS or Department), adopted on July 15, 2020, the revised Confidentiality of Substance Use Disorder Patient Records regulation, 42 CFR Part 2. Code of Federal Regulations Recent Changes; Applying the Substance Abuse Confidentiality Regulations

Providers should use the service participant's ASO assigned patient identification number when referring to MDRN recovery housing services in written communications, including email. The provider may not disclose protected health information in email communications.

ETHICS AND GUIDING PRINCIPLES

Public Behavioral Health System (PBHS) service providers and any volunteers working on behalf of Maryland's behavioral health provider community must comply with the guiding principles listed below. Service provider's staff that are licensed or certified in a specific profession must also comply with the code

of ethics for their profession; and are therefore bound by whichever is the higher (ethical) standard. At a minimum, guiding principles under these terms are:

- Honesty, dignity, and respect among all participants of services, their family, and other providers;
- Abstinence from alcohol or other drug usage prior to or during the provision of services;
- Providers shall not accept or require commissions, gratuities, rebates, gifts, favors, or any other form of payment for services rendered;
- Individuals shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status;
- All marketing materials will need to be approved by BHA prior to advertising for SCC and/or MDRN programs on brochures, flyers, web pages, social media, or any type of provider sponsored material; All marketing materials must contain the following disclaimer: "MDH does not endorse or recommend any commercial products, processes, or services. The views and opinions of authors expressed do not necessarily reflect those of the Maryland Department of Health, Behavioral Health Administration".
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Maryland;
- Providers shall not discriminate on the basis of color, age, sex, gender identity, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical ability or disability, culture, ethnic, or racial background, or service recipient's use of a medication assisted treatment modality; and
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission or claims for services not rendered, submission of false data, charging a service recipient for all or any part of a covered/reimbursable service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

MONTHLY DATA REPORTING

Completion of a monthly data report, provided by BHA, must be submitted monthly to the appropriate BHA staff on the 30th of each month following the end of the reporting month.

For SCC monthly enrollment data submit a report to sheniyah.mitchell@maryland.gov.
For MDRN monthly enrollment data submit a report to mdrn.info.@maryland.gov.

CRITICAL INCIDENT REPORTING

Critical or Sentinel events are those that negatively impact the individual, individual's family, other individual(s) or the program initiative while an individual is receiving services. It is also including, but not limited to:

- COVID-19 (+) (*An infection listed in the List of Reportable Diseases or Conditions, as set forth in COMAR 10.06.01.03)*
- COVID-19 related death
- Death (other)
- Death by overdose
- Non-fatal overdose
- Suicide attempt
- Injury to self/self injurious behavior
- Assault or injury to others
- Any sexual activity between a staff member and a program participant
- Sexual/physical abuse or neglect, or allegation thereof
- Inappropriate use of BHA resources

The State Care Coordinator must submit a Critical Incident Report to the BHA within **24 hours** of becoming aware of the incident. Submit by email to CIR.SCCMDRN@maryland.gov

Protocol for the completion and submission of the BHA COVID-19 Positive Test Reporting Form for OTPs and Residential and Congregate Living Facilities can be found here: https://health.maryland.gov/bha/Documents/COVID-19%20Outbreak%20Reporting%20Protocol.pdf

SATISFACTION SURVEYS

The Satisfaction Survey is administered by the State Care Coordinator at prescribed intervals (every six months) and during the discharge process. Completion of the survey is required, to support MDH and the Administration's customer service promise, which is: "The State of Maryland pledges to provide constituents, businesses, customers, and stakeholders with friendly and courteous, timely and responsive, accurate and consistent, accessible and convenient, and truthful and transparent services." Every six months after a participant has been enrolled and upon discharge, the State Care Coordinator will mail, email, or arrange for a telephone or face to face meeting to complete the satisfaction survey.

Completed surveys shall be submitted to the Coordination of Care Program Manager for SCC services at sheniyah.mitchell@maryland.gov.

CRIMINAL HISTORY POLICY

It is not the intention of the Administration to discourage a SCC or MDRN provider that receives funding, from employing or contracting with individuals who have criminal histories; however, a provider or any program, partnership, corporation, or entity associated with the provider, may not employ, whether permanently or contractually, or otherwise engage an Individual as a staff member, volunteer, intern, peer, independent contractor, or consultant to provide administrative, programmatic, or support services for or in

the interest of the provider and who has regular and direct interaction with participants without first conducting a criminal background investigation of that individual in accordance with a written policy and considering that individual's criminal history.

At a minimum, the criminal background policy shall require that, when deciding whether an individual's criminal history precludes that individual from being hired or selected to serve in a capacity specified above, the provider shall consider:

1. The age at which the individual committed the crime;
2. The circumstances surrounding the crime;
3. Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;
4. The length of time that has passed since the crime;
5. Subsequent work history;
6. Employment and character references; and
7. Any other evidence that demonstrates whether the staff member poses a threat to the health, safety, or welfare of a resident or a member of the public.

An individual may not be hired or selected to serve in a capacity specified above, if the individual has been convicted at any time of:

1. Child abuse;
2. Abuse or neglect of a vulnerable adult; or
3. Sexual abuse as defined by any state or federal law.

The provider's criminal background policy may be stricter than required by this agreement, as appropriate, to protect the participants or the public. The provider shall document retain in an individual staff record the following:

1. The review of criminal history records of the individual;
2. The decision regarding the impact of the criminal history on the fitness or suitability of each individual to serve in a capacity;
3. Implementation of the provider's written criminal background policy.

PROTECTED HEALTH INFORMATION

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected, while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the healthcare marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI) “Individually identifiable health information” is information, including demographic data, that relates to:

1. The individual’s past, present or future physical or mental health or condition;
2. The provision of health care to the individual, or
3. The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe there is, can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, social security number). There are no restrictions on the use or published as 45 CFR parts 160 and 164, and effective in 2003, this Act protects the privacy of Protected Health Information (PHI) that is:

    a. Transmitted by electronic media;
    b. Maintained in any medium described in the definition of electronic media, or
    c. Transmitted or maintained in any other form or medium.

Business associate as defined by HIPAA (45 CFR section 160.103), is a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs or assists in the performance of:

1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing, or

2. Any other function or activity regulated by this subchapter; or providers, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

All providers who qualify as *covered entities* must comply with the provisions of the Privacy Rule of HIPAA. A covered entity is defined as a healthcare provider, a health plan, or a clearing house that transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160). If this provider is a covered entity, then HIPAA requires the appropriate policies and procedures to be in place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and

procedures to include, but not be limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Recipient Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring or HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc. Where existing confidentiality protections provided by CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding language.

Protecting confidentiality is critical in substance abuse treatment and child welfare. Both fields need to guard individuals' rights to privacy and protect against the stigma that might cause individuals to avoid treatment. Yet while monitoring cases, child welfare professionals regularly need information related to diagnosis and participation in treatment. Child welfare practitioners should be familiar with the rules and regulations that govern confidentiality and the legal methods of accessing otherwise protected information.

In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the individual's treatment may be disclosed with and without the individual's consent. Determining when 42 CFR Part 2 is applicable and how to legally access information about substance abuse treatment requires practitioners to work through a series of questions.

What Programs Are Covered by Federal Confidentiality Laws?

42 CFR Part 2 applies to any program that:

1. Involves substance abuse education, treatment, or prevention, and
2. Is regulated or assisted by the federal government (42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12)

What Information Is Protected?

42 CFR Part 2 applies to all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

How Can Protected Information Be Shared?

Information can be shared if written consent is obtained. A written consent form must include at minimum the below stated ten elements [42 C.F.R. § 2.31(a); 45 C.F.R. § 164.508(c)]:

1. The names or general designations of the programs making the disclosure
2. The name of the individual or organization that will receive the disclosure
3. The name of the patient who is the subject of the disclosure
4. The specific purpose or need for the disclosure
5. A description of how much and what kind of information will be disclosed
6. The patient's right to revoke the consent in writing and the exceptions to the right to revoke or, if the exceptions are included in the program's notice, a reference to the notice
7. The program's ability to condition treatment, payment, enrollment, or eligibility of benefits on the patient agreeing to sign the consent, by 1) stating the program may not condition these services on the patient signing the consent, or 2) the consequences for the patient refusing to sign the consent
8. The date, event, or condition upon which the consent expires if not previously revoked
9. The signature of the patient (and/or other authorized person)
10. The date on which the consent is assigned (When used in the criminal-justice setting, expiration of the consent may be conditioned upon the completion of, or termination from a program instead of a date

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GLOSSARY OF TERMS AND DEFINITIONS

American Society of Addiction Medicine (ASAM) - The ASAM Criteria is a collection of objective guidelines that give clinicians and behavioral health professionals a way to standardize substance use disorder (SUD) treatment planning and where patients are placed in treatment, as well as how to provide continuing, integrated care and ongoing service planning.

Assessment - The purpose of an assessment is to gather the detailed information needed for a continuing recovery support services plan that meets the individual needs of the participant.

Administrative Service Organization (ASO) - The ASO authorizes services, provides utilization review and management, claims processing, and evaluation services. The ASO also provides 24-hour access for clinically related calls, refer individuals to qualified service providers, conduct reviews of authorization plans to assist in determining whether an individual meets Medical Necessity Criteria (MNC) and/or continued stay in treatment, and is part of the Public Behavioral Health System (PBHS).

Authorization - An authorization represents an agreement that a service is approved by a specific BHA designee under Maryland's Administrative Service Organization (ASO) grant funded service criteria. Authorization is not a guarantee of payment. Payment is subject to *member* eligibility, provider

licensure/certification and benefit limits at the time services are provided.

Behavioral Health Administration (BHA) - The Behavioral Health Administration is an arm of the Maryland Department of Health (MDH). The BHA oversees the fiscal and regulatory administration of publicly-funded substance abuse prevention, treatment, and intervention.

Case Manager/Aftercare Coordinator - Case Managers/Aftercare Coordinators work with individuals and families to understand their substance use disorder illness, what the individual/family needs to do to participate with the clinical team, and follow the treatment plan and the path to reaching the best possible outcomes for the individual. Case management services are provided by a behavioral health provider working with individuals to identify issues and barriers that may prevent them from successfully moving through and achieving their recovery goals.

Core Service Agency (CSA) - The CSAs are the local mental health authority responsible for planning, managing, and monitoring mental health services at the local level. CSAs exist under the authority of the Secretary of the MDH and are also agents of the county government in which it resides.

Fee-For-Service (FFS) - Fee-For-Service is a payment model that the Department has moved to effective January 1, 2019 in which behavioral health services are "unbundled" and paid for separately, and no longer be paid through BHA State grant funds.

Grievance - An official statement of a complaint written by a program participant regarding something believed to be wrong or unfair.

Health Insurance Portability and Accountability Act (HIPAA) - HIPAA is a US law that was designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Recovery Housing Provider - An entity/agency authorized by MDRN as a Recovery Housing service provider. Recovery Housing means a provider that is certified and approved to that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders, addictive disorders and co-occurring mental health and substance-related disorders.

Individualized Care Plan (ICP) - An ICP identifies an individual's most important goals for treatment and recovery, describes measurable, time sensitive steps toward achieving those goals, is time-limited and reflects a mutually agreed upon written agreement between the clinician and the individual, and is individualized.

Intensive Outpatient (IOP) - ASAM Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing (MI), enhancement and engagement strategies, family therapy, or other skilled treatment services. Therapeutic services are 9 or more hours of service/week (adults) to treat multidimensional instability.

Intake Interview – A needs based initial interview with an individual by a behavioral health professional that is conducted to obtain information regarding substance use disorder related recovery support needs. Information obtained during this intake is preliminary information regarding personal and family history, recovery support services needed, and recovery support goals. It is used to determine eligibility and appropriateness of the individual for services offered. An intake interview may be carried out by a specialist who may not necessarily provide clinical treatment to the individual with the information obtained, but can be used to determine the most appropriate referral if necessary.

Local Addiction Authority (LAA) - Each of Maryland's twenty-three (23) jurisdictions and Baltimore City has an administrator that is designated as the county or multi-county authority responsible for the planning, managing, monitoring and oversight of BHA publicly funded substance use disorder (SUD) services.

Local Behavioral Health Authority (LBHA) - The Local Behavioral Health Authority (LBHA) plans, manages, and monitors a full range of treatment and rehabilitation services for persons with mental illness and co-occurring disorders through the Public Behavioral Health System (PBHS).

Level of Care (LOC) - Level of Care refers to the ASAM Criteria's continuum of care marked by four levels of service and an early intervention level. These levels of care provide a standard for describing the continuum of recovery-oriented addiction services. (ASAM LOC are:3.1, 3.3, 3.5, 3.7, 3.7WM, and community outpatient 1, 2.1).

Maryland Department of Health (MDH) - The Maryland Department of Health is an agency of the government of Maryland responsible for public health issues. The Department is headed by a Secretary, who is a member of the Executive Council/Cabinet of the Governor of Maryland.

Maryland RecoveryNet (MDRN) - Maryland RecoveryNet (MDRN) develops partnerships with service providers statewide and funds access to recovery support services for individuals with substance use, mental health, and co-occurring substance use and mental health disorders and recovery support needs. All Maryland RecoveryNet service recipients receive care coordination through which they can access a menu of services which includes funding for recovery housing, transportation, vital records, medical, dental, and other unmet needs as expressed by the client and/or identified by the SCC. All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, self-sufficiency and stability.

Medical Necessity Criteria (MNC) - Medical Necessity Criteria are services requested that are needed to identify or treat an illness that has been diagnosed or suspected, and is directly related to diagnostic, preventative, curative, palliative, rehabilitative or ameliorative treatment of a substance use or related disorder or illness, injury, disability or health condition. MNC services are consistent with the standards of good medical practice and are assessed considering the most cost efficient service that can be provided without sacrificing effectiveness or access to care.

Outpatient Substance Use Disorder (OP) Treatment - OP treatment typically consists of less than 9 hours of

service per week for adults for recovery or motivational enhancement therapies and strategies. OP, also known as, ASAM level 1 encompasses organized services that may be delivered in a wide variety of settings.

Payor - Designated ASO contracted by BHA to issue payment for vouchered services.

Provider Agreement - An agreement between the service provider and the BHA that defines the terms and conditions for participation in BHA funded services.

Provider Summary Voucher (PSV) - An online statement for providers explaining why a claim was or was not paid.

Public Behavioral Health System (PBHS) - Maryland's Public Behavioral Health System provides inpatient and outpatient behavioral health services for individuals with substance related and mental health related illnesses.

Referral - The process of notifying the SCC of an individual that has been screened/assessed as being in need of SCC services.

Residential Treatment - ASAM SUD residential treatment is a commonly used direct intervention for individuals with substance use or co-occurring mental and substance use disorders who need structured care. Treatment occurs in nonhospital, licensed residential treatment facilities. Models vary, but all provide safe housing and sometimes medical care in a 24-hour recovery environment.

Satisfaction Survey - Each individual receiving SCC and/or MDRN services will evaluate the recovery support service(s) they are receiving and upon completion at prescribed intervals (six months and at discharge).

State Care Coordination (SCC) - Participants that are receiving Substance Use Disorder (SUD) Treatment at an American Society of Addiction Medicine (ASAM) level of care: 3.7WM, 3.7, 3.5, 3.3, or 3.1 residential treatment facility through the PBHS are eligible to receive Maryland State Care Coordination services.

State Care Coordinator (SCC) - An assigned jurisdictional staff providing oversight to ensure an individual's ability to access wrap-around services needed to establish sustained recovery in their community.

Substance Use Disorder (SUD) - A Substance Use Disorder occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

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FORM SUBMISSION

FORM	SERVICE	SUBMISSION NAME/EMAIL
STAFF CHANGE FORM	SCC and MDRN	Sheniyah Mitchell: scc.info@maryland.gov Patricia Konyeaso: patricia.konyeaso@maryland.gov
MONTHLY REPORTS	SCC	Sheniyah Mitchell: scc.info@maryland.gov
MONTHLY REPORTS	MDRN	MDRN General Email: mdrn.info@maryland.gov

CRITICAL INCIDENT FORM	SCC and MDRN	CIR.SCCMDRN@maryland.gov
SATISFACTION SURVEY	SCC	Sheniyah Mitchell: scc.info@maryland.gov