

Office of Health Care Quality



**Bland Bryant Building ♦ Spring Grove Hospital Center ♦ 55 Wade Avenue
Catonsville, Maryland 21228 ♦ (410) 402-8100 ♦ Fax: (410) 402-8270**

To: Community Mental Health Programs

From: Office of Health Care Quality (OHCQ)
Community Mental Health Unit

Re: Application Modification Form
Relocation/Expansion Request

Enclosed is the **Program Application Modification Form** for Community Mental Health Programs approved or licensed under the Mental Hygiene Administration Community Mental Health Program regulations. Providers who would like to submit a request to relocate or expand their current program must complete the requirements outlined below. All relocations and expansions **must be approved** by the Office of Health Care Quality.

Once received, the Office of Health Care Quality's Community Mental Health Unit will review the program's request and complete an on-site review of the proposed location, and may request additional information from the provider.

Please complete the following form (attached):

- Program Modification · Face Sheet

Additional items to be submitted:

- Current Fire Survey for the proposed location (per state and county requirements)
- Verification from the local Core Service Agency that the program does not have any outstanding issues
- Verification from the Local Core Service Agency in the proposed location that they have been informed of the relocation/expansion and the program has expressed willingness to collaborate with the CSA.
- For expansions: Verification of required staff, including program director, rehabilitation specialist, and medical director, as applicable. Verification should include a signed job description or contract and evidence of current Maryland licensure.

- All applicants who are applying to provide services for children must be registered with CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>) and show evidence of this registration.

Upon completion, the application modification request should then be submitted to the following:

Mr. William Dorrill, Deputy Director
Community Mental Health Unit
Office of Health Care Quality
Bland Bryant Building, Spring Grove Center
55 Wade Ave, Catonsville, MD 21228

If you have any questions regarding this process, please contact Office of Health Care Quality's Community Mental Health Unit at 410-402-8060.

Office of Health Care Quality
Community Mental Health Program
Application Modification · Face Sheet

○ **Expansion**

○ **Relocation**

1. **Business Name:** _____

2. **Business Address:**

3. **Contact Name and Title:** _____

4. **Contact Number:** _____

5. **Email Address:** _____

6. **Current location (if different from above):**

7. **Proposed Location:**

8. **Please check the type of Community Mental Health Program that is Relocating/Expanding. Please check all that apply:**

√	Community Mental Health Program	Regulation
	Psychiatric Day Treatment Services (PHP)	10.21.02
	Group Homes for Adults with Mental Illness (GH) Group Home Capacity: _____	10.21.04
	Therapeutic Group Homes (TGH) - (Must be approved through GOC prior to application submission)	10.21.07
	Therapeutic Nursery Programs	10.21.18
	Mobile Treatment Services	10.21.19
	Outpatient Mental Health Center (OHMC)	10.21.20
	Psychiatric Rehabilitation Programs for Adults (PRP)	10.21.21
	Residential Crisis Services (For children must be approved through GOC prior to application submission)	10.21.26
	Respite Care Services (For children must be approved through GOC prior to application submission)	10.21.27
	Mental Health Vocational Programs (MHVP)	10.21.28

	Psychiatric Rehabilitation Services for Minors	10.21.29
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