



# 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:** Program Applicants – Therapeutic Group Homes

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

**Re:** Program Application (Revised: July 16, 2007)  
Mental Hygiene Administration  
Community Mental Health Services

---

Enclosed is the Application Packet for licensure for Therapeutic Group Homes under the Mental Hygiene Administration's (**MHA**) Community Mental Health Program.

Included in this Application Packet are:

1. Application
  - a. Program Service Plan Requirements
  - b. Application Face Sheet
2. Program specific Regulations

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

1. **Copy to:** The appropriate Core Service Agency (**CSA**)
  2. **Copy of the application and *Business Plan to 3***  
Ms. Audrey Chase & Marcia Anderson  
Mental Hygiene Administration  
Mitchell Building, Spring Grove Center  
55 Wade Avenue  
Catonsville, Maryland 21228
  3. **Copy to:** Mr. William Dorrill, Deputy Director  
Residential and Community Programs  
Community Mental Health Services Unit  
Office of Health Care Quality  
Bland Bryant Building, Spring Grove Center  
55 Wade Ave, Catonsville, MD 21228
-

- Application for Therapeutic Group Homes will not be reviewed without first being approved through The Single Point of Entry located within The Governor's Office for Children.
- The Office of Health Care Quality's Community Mental Health Unit in collaboration with the Mental Hygiene Administration will review the application for regulatory compliance.
- **Applicants should consult CSA regarding the completion of their application**
- The Mental Hygiene Administration will be reviewing the business plan

If you have any questions regarding this process, please contact Office of Health Care Quality's Community Mental Health Unit at 410-402-8100.

---

### **Website Information**

- Office Of Health Care Quality - Community Mental Health Unit (C-MHU)
  - Telephone Number: 410-402-8060 Fax: 410-402-8270<http://www.dhmf.state.md.us/ohcq/index.html>
- Department of Health And Mental Hygiene(DHMH)  
<http://www.dhmf.state.md.us/>
- Code of Maryland Regulations (COMAR)  
<http://www.dsd.state.md.us/comar/>
- The Mental Hygiene Administration (MHA)  
<http://www.dhmf.state.md.us/mha/>
- Core Service Agency Directory  
<http://www.dhmf.state.md.us/mha/csa.htm>
- CJIS – Central Repository  
<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>

**Therapeutic Group Home (TGH)**  
**Application Face Sheet**

1. **Business Name:** \_\_\_\_\_

2. **Trade Name:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_  
\_\_\_\_\_

4. **Contact Name and Affiliation:** \_\_\_\_\_

5. **Contact Number:** \_\_\_\_\_

6. **Fax Number:** \_\_\_\_\_

7. **Email Address:** \_\_\_\_\_

8. **Location of Proposed Program (If Different From Above):**

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

9. **Proposed TGH Capacity:** \_\_\_\_\_

10. **Proposed Gender:** \_\_\_\_\_

**Attestation:**

I, \_\_\_\_\_ (AUTHORIZED AGENCY REPRESENTATIVE), affirm that \_\_\_\_\_

(NAME OF BUSINESS ORGANIZATION) shall comply with all applicable laws and regulations concerning Medicaid and the establishment and operation of a community mental health programs.

**Please check all that apply:**

- Program/Individual/Corporation \_\_\_\_\_ *has* or \_\_\_\_\_ *has not* had any license or approval revoked by the Department or other licensing agency in Maryland or any other state;
- Program/Individual/Corporation or entity associated with the program \_\_\_\_\_ *has* or \_\_\_\_\_ *has not* surrendered or defaulted on its license or approval for reasons related to disciplinary action in Maryland or any other state;
- Program/Individual/Corporation \_\_\_\_\_ *does* or \_\_\_\_\_ *does not* have a corporate officer who has served as a corporate officer for a corporation or entity that has had a license revoked, or has surrendered or defaulted on its license or approval for reasons related to disciplinary action within the previous 10 years.
- Program/Individual/Corporation or entity associated with the program \_\_\_\_\_ *has* or \_\_\_\_\_ *has not* been sanctioned by MHA, a professional/credentialing body or any other regulatory agency in the last 10 years.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Therapeutic Group Home (TGH)

All applicants must comply with the provisions of both Code of Maryland Regulation (COMAR) 10.21.07(TGH) and COMAR .14.31.05, 14.31.06, and 14.31.07. The documents that must be submitted to satisfy the application process are noted below for ease in reference and response.

1. Documentation of the applicants non-profit status
2. Proof that sufficient financial resources are available for the establishment and operation of the residence
3. Identification of the owner of the property that is to be the TGH
4. Fire and health inspection reports of the proposed residence (not more than one year old)
5. Evidence the program is registered with the Department of Assessment and Taxation
6. A narrative explanation of how compliance will be achieved with both 10.21.07 and 14.31.05, 14.31.06 and 14.31.07
7. Identification of the Psychiatrist, Clinical Coordinator and Certified Program Administrator including a signed job description to identifies the hours on-site and job responsibilities, resumes & verification of license.
8. Documentation that the TGH will collaborate with the CSA
9. Documentation that the site meets local zoning regarding size, land use, density, etc. Including the results from a current lead and asbestos test.
10. All applicants who are applying to providing Group Home services or services to minors must be registered with CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>) and show evidence that background checks through the fingerprinting process has been completed for the applicant, certified program administrator, clinical coordinator and all other direct care staff
11. A Program Service Plan that includes:
  - Articles of Incorporation, bylaws, and member list
  - Documentation that at least 1/3 of the members of either the governing body or an advisory committee includes representation of consumers, former consumers or family members
  - The number of children to be served, their age groups and other relevant characteristics
  - The goals, objectives and expected outcomes of the program
  - The plan for the provision of medical services, dental services, required education, social and recreational services, nutritional services and mental health treatment
12. A description of how linkage will occur with service providers and community resources, including as applicable, written agreements with inpatient facilities and other mental health providers
13. Staffing patterns and an organizational chart detailing lines of authority and responsibility
14. The programs Policy and Procedure for the development of the assessment, safe environment plan, ITP, ITP review and bi-weekly summaries
15. The program's policy for the implementation of individual, family and group therapy.
16. The programs policy and procedure for training of staff including curriculums used.