How to Access Health and Mental Health Services For Children Under Maryland Medical Assistance

Getting Children What They Need
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Goals of Today’s Training

- Learn how the Medical Assistance (or Medicaid) Program is organized and where to go to get help
- Learn what services are covered and not covered by Medicaid
- Know the steps to access mental health services and various physical health care services
- Understand the role of different governmental agencies, health plans, and contractors
Goals of Today’s Training (cont’d)

- Know when you need a referral from the primary care physician or mental health professional to access services
- Learn what to do when a service is denied, delayed, or not available
- Understand the legal rights that foster children have as Medicaid recipients
- Know what EPSDT means and what a strong entitlement children have to receive the health care services that treating professionals recommend for them
Who is MDLC?

- Maryland Disability Law Center is a non-profit organization of lawyers and paralegals dedicated to protecting the rights of people with disabilities.
- The State of Maryland’s protection and advocacy organization
- Provide free legal services and advice
- See our website for more information: [www.mdlclaw.org](http://www.mdlclaw.org)
- Call our intake line to seek information or legal help for a child with a disability.
Medicaid Eligibility for Children in DSS custody

- Virtually all children in foster care will be eligible for Medicaid while in DSS custody and out of the parent’s home.

- When children return home, eligibility will depend on family income in most cases.
Medicaid Eligibility

Children are eligible for Medicaid if they:

- Receive Supplemental Security Income (SSI) benefits
- Live outside their parent’s home in foster homes, group homes, residential treatment centers, etc. in most cases
- Are in subsidized adoptions
- Are 18 years old or over, have a disability, and meet the income and asset requirements (regardless of family’s income)
- Are in a Medicaid “waiver” program- Waiver participants are eligible for all Medicaid services in addition to waiver services
- Are in Maryland Children’s Health Program (MCHP) or MCHP Premium (program allowing families to buy in to MCHP)
Medical Assistance Program Organization

Under Control of Department of Health and Mental Hygiene (DHMH)
Most recipients are in a managed care program called HealthChoice. Must join a health plan called Managed Care Organization (MCO, like a HMO) 7 MCOs MCO Primary Care Doctor is key for referrals For some referrals doctor must also get MCO approval Generally must use in network providers but exceptions can be made
Fee-for-Service System

- Some people are still in the Fee-for-Service System (FFS).
  - Can go to any doctor or other provider who accepts Medicaid
  - DHMH still must approve or authorize some services in advance
  - Finding a doctor or provider can be a problem
  - Children in the REM Program are in FFS.
REM: Rare and Expensive Case Management Program

- A specialized program for children and adults on Medical Assistance with qualifying diagnoses
- Call DHMH at (410) 767-1620 for an application.
- Individuals in REM are not in an MCO but in fee-for-service Medicaid.
- Benefits include an assigned case manager and additional covered services that can be particularly important when a child turns 21.
Carve-Outs

- Even children in HealthChoice access some carved-out services through FFS because MCOs do not cover these services.
- Children do not need MCO approvals or MCO doctor referrals to access these services:
  - Mental Health Services
  - Dental Services
  - Personal Care
  - Physical, Occupational, and Speech Therapy
  - Initial substance abuse assessment
  - Limited Residential Care for persons with developmental disabilities
Some children receive Medicaid benefits under a federal waiver program.

- These programs enable children from families that are not low income to qualify for Medicaid.
- These programs provide specialized community-based services that are not available under the regular Medicaid Program in addition to all of the regular Medicaid services.
- These programs have limited slots.
Existing Maryland Waiver Programs

- **Children**
  - Autism Waiver
  - Model Waiver

- **Children and Adults**
  - Developmental Disability Waiver

- **Adults**
  - Older Adults Waiver
  - Living at Home Waiver
  - Traumatic Brain Injury Waiver
Children’s Rights
Under Medicaid
EPSDT provides a broad entitlement for children or young adults (under 21) on Medicaid to receive a wide variety of services including virtually any medically necessary service recommended by a licensed health care professional.

This broad entitlement is the most important right children have under Medicaid.
EPSDT’s Two Components

- **Periodic Check-ups** (7 before 1 yr, 3 from 1yr -2 yrs, 1 per yr from 3 -21)
  - Check ups include unclothed physical exam, developmental screening, mental health screening, lead testing at 12 & 24 months, vision testing, hearing screening, immunizations, dental screening, health education, and lab tests

- Any medically necessary treatment or service covered by the federal Medicaid Program
The only legitimate limitation on covered services is medical necessity

According to DHMH, “Medically necessary" means that the service or benefit is:

- (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;
- (b) Consistent with current accepted standards of good medical practice;
- (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and
- (d) Not primarily for the convenience of the consumer, family, or provider.
Other Legal Rights Under Medicaid

- The State cannot put children on waitlists for services (but providers can)
- Services should be available throughout the State even in rural areas
- Services should be approved or denied, and provided with “reasonable promptness”
- The State should ensure that providers are available
Legal Rights (cont’d)

- Families should have the freedom to choose providers.
- The amount, length, and frequency of services provided can be limited only by medical necessity and not by arbitrary caps or rules imposed by the State.
- Deference should be given to the recommendations of the child’s treating physician or health care professional.
- Services denials and delays can be appealed.
Reasonable Promptness

- Timely service delivery is required by federal law.
- No clear definition of reasonable promptness (RP)
- Depends on the facts and circumstances of each case and the type of service
- For urgent services RP could mean immediately
- With mental health services, Maryland regulations specify the timelines for service approval and delivery.
Covered Medicaid Services

Examples of services and how to access them
Services Covered By Medical Assistance

- Almost any service deemed “Medically Necessary” by a doctor or licensed health care practitioner
- Regular Well-Child Check-ups
- Sick Child Visits
- Case Management
- Physical, Occupational and Speech Therapy
- Home Health/ In-home Nursing
- Personal Care
- Durable Medical Equipment
- Disposable Medical Supplies
- Dental and Vision Care
- Specialty Mental Health Services
- Therapeutic Behavioral Services
- Limited Residential Services
- Prescription Drugs
- Long Term Care (nursing home)
- Inpatient Care
- Substance Abuse Treatment
Services Not Covered By Medical Assistance

- Respite Care
- Habilitation (as opposed to rehabilitation)
- Vocational Services
- Above services can be covered under a Waiver
- Room and Board in community-based residential programs such as therapeutic foster homes and group homes
Services from the Developmental Disabilities Administration

- Applies to children with intellectual disability, autism, cerebral palsy, traumatic brain injuries, or other disabilities that are not a mental illness
- Apply to DDA for service eligibility—having this eligibility on file will speed the process of applying for specific services as they are needed, such as when a child is turning 21 and needs residential care.
- www.dhmh.state.md.us/dda_md/howtoapply.htm
- Person must be found DD eligible as opposed to ISS eligible to qualify later for residential and day services as an adult.
- DDA services can either be discretionary when not covered by Medicaid (respite) or an entitlement if covered by Medicaid (residential services and services for DD waiver recipients)
Case Management

- Children with special health care needs (developmental disabilities or mental illness) are entitled to receive a case manager.
- Children with mental illness may be eligible for Mental Health Targeted Case Management through a referral by a licensed health care professional to ValueOptions Maryland.
- Assists families to obtain needed Medicaid services by locating providers, obtaining referrals from the primary care doctor, obtaining approval from the MCO or DHMH, and securing transportation.
- Identifies community resources even outside of Medicaid system.
- Even though foster children have a DSS case worker, they may still need a case manager to navigate the complicated Medicaid system.
- You call the MCO’s special needs coordinator to request a case manager.
Personal Care

- Unskilled assistance in the home with feeding, toileting, bathing, dressing and mobility
- Contact the personal care program within the local health department
- No waiting list should be maintained
- Not a substitute for childcare
- Friends, neighbors, etc. can become personal care providers through the health department
- Contact MDLC if health department cannot find a provider
Medical Equipment and Supplies

- ALL medically necessary equipment and supplies are covered
- Get a referral from the child’s doctor
- Approval by the MCO or DHMH is often needed

- Assistive Technology
- Augmentative communication devices
- Wheelchairs
- Orthotics
- Monitors
- Prosthetics
- Seating and positioning devices
- Transfer equipment
- Oxygen equipment
- Nebulizers
- Diapers for incontinent older children
- Diabetic supplies
- Formula for feeding disorders
- More
Dental and Vision

Dental
- Teeth cleaning twice per year
- Fluoride
- Exams
- Emergency care
- Preventive Services
- Sealants
- Orthodontic care where it is medically necessary (not just cosmetic)
- **Contact DentaQuest for information and participating dentists at 1- 888-696-9596**

Vision
- One eye exam per year
- One pair of glasses per year, replacement if prescription changes, or if glasses are lost, stolen, broken (even within the year)
- Specialized goggles
- Call the health plan for a list of doctors
Physical, Occupational, and Speech Therapy

- You can schedule an appointment with any participating Medicaid provider delivering these services if you believe a child needs PT, OT or speech therapy or more frequent or intensive PT, OT or speech therapy than they receive in school.

- No referral is needed by the doctor nor is any approval needed by the MCO or DHMH for these carved-out services.

- At the first appointment, the provider will do an assessment to determine if the therapy they provide is medically necessary.
Physical, Occupational, and Speech Therapy Providers

- The hardest part may be finding a provider to deliver PT, OT, and/or Speech Therapy services.
  - Hospital outpatient programs are good sources for these therapies
  - Contact DHMH for a list of providers
  - Ask for a Medicaid case manager to find a provider
  - Call MDLC if you cannot find a provider
  - Home health providers deliver these therapies in the home if there is a medical reason that the child cannot go out of the home to receive these services.
Home Health and Private Duty Nursing (PDN)

- Provides skilled in-home nursing and/or home health aide assistance with activities of daily living
- Mechanism by which children can receive services at home
  - physical, occupational or speech therapy
  - mental health services
  - Medical supplies for home use
- Get a referral from the child’s doctor and receive approval from the health plan or DHMH
- Refer families denied sufficient PDN to MDLC.
Transportation

- Children (and their parents) are eligible for transportation to and from medical appointments if they have no other means of transportation.
- Contact the local health department.
- Contact the CSA for transportation assistance for parents to attend therapy sessions at a residential treatment center.
- DSS also can provide transportation to medical and mental health appointments.
Substance Abuse Treatment for Alcohol/Drug Dependence

- Covered by MCO under HealthChoice
  - Family may self refer child to any DHMH approved provider even outside the MCO network for an assessment. Initial assessment does not require MCO approval and MCO must pay.
  - Problems reported about MCO denials of follow-up services such as residential care. Contact MDLC if child is denied these services.
  - MCOs may not deny residential treatment determined necessary during an assessment because a child has not first tried outpatient treatment.

- Comprehensive Substance Abuse Assessment
- Individual counseling
- Group counseling
- Methadone maintenance
- Inpatient and Outpatient Detox
- Partial hospitalization
- Intensive Outpatient Services
- Residential Care in Intermediate Care Facilities

- Covered under Fee For Service Medicaid – Call 1-800-492-5231 for a list of providers
Mental Health Services

- Diagnostic evaluation and Assessment
- Medication Management
- Individual Therapy
- Group Therapy
- Family Therapy
- Intensive Outpatient Services
- Mental Health Targeted Case Management
- Therapeutic Behavioral Services
- Transportation Assistance
- Psychiatric Rehabilitation Program Services
- Therapeutic Nursery Services
- Inpatient Hospitalization
- Residential Treatment Center Care
- Residential Rehabilitation in a therapeutic foster home or group home (not room and board)
- Partial Hospitalization/Day Treatment
- Home Health Care
- Mobile Treatment
- Psychological Testing
Mental Health Services are “Carved Out” and Administered by ValueOptions

- The Mental Hygiene Administration contracts with ValueOptions, a private organization, to administer the public mental health system.
- ValueOptions handles approvals, denials, and internal appeals of mental health services under Medicaid in Maryland.
- ValueOptions can be reached 24 hours a day at 1.800.888.1965.
- Review MDLC brochure and DHMH brochure on Accessing Mental Health Services under Medicaid in your hand-outs and at [http://www.dhmh.state.md.us/epsdt/specnds/index.html](http://www.dhmh.state.md.us/epsdt/specnds/index.html)
How to Access Mental Health Services through ValueOptions

- The first twelve outpatient visits do not require a referral to or approval by ValueOptions.
- Go to any participating provider
- Problem can be finding one
- Ask ValueOptions or the Core Service Agency (CSA) for help
- Core Service Agency is the local mental health authority (contact information for each CSA is found in our materials).
- All other services require a referral by a licensed clinician to ValueOptions through their Care Connection website or by fax to 1-877-502-1044. See Sample Service Request Letter in MDLC’s materials, also available at http://www.mdlclaw.org/links-and-resources/publications/
- Families can call ValueOptions on their own to request services but ValueOptions may deny them without a professional referral.
Timelines for Approval and Delivery of Mental Health Services

- Approval or denial for urgently needed services shall take place within 1 hour.
- Approval or denial where the need is not urgent shall take place within 24 hours.
- Service shall be initiated as soon as clinically appropriate for urgently needed services.
- Service shall be initiated within 10 business days of authorization if the need is not urgent. ValueOptions may document a clinical rationale for extending the time for not more than 30 days.
Therapeutic Behavioral Services (TBS)

- Provides a behavior plan developed by a licensed clinician and a one-to-one aide in the home and community to implement the behavior plan.
- To be eligible, the client must be under 21 and have difficult behaviors related to a developmental disability or symptoms related to a mental illness that place the living situation at risk or prevent transition to a less restrictive environment.
- Available for up to 24 hours per day (as many hours as medically necessary but typically 20-40 hours per week).
- Available during the school day through an IEP.
TBS (cont’d)

- Any licensed treating professional can refer to ValueOptions for this service but typically referrals come from a child’s therapist or psychiatrist.
- Can be part of discharge planning from hospital.
- See sample letter in hand-out.
- Children in need of TBS cannot be denied 1:1 aide because they are in foster care under state custody.
- TBS is not a discretionary service that depends on the availability of DHR or DSS funds.
- Not a substitute for child care, foster parent/caretaker should be present.
- If delay in obtaining, contact MDLC.
Psychiatric Rehabilitation Program Services (PRP)

- PRP is provided in therapeutic after-school programs and on a one-to-one basis in the home and community.
- Typically the number of hours and frequency are much more limited than TBS.
- PRP is only for children with a psychiatric diagnosis.
- A child can receive both PRP and TBS if both services are medically necessary.
Mobile Treatment Services

- Intensive, community-based services providing outreach, treatment, and support to individuals with mental illness for whom more traditional forms of outpatient treatment is ineffective, such as children who refuse to go to therapy or medication management appointments.

- Service is provided by a multidisciplinary team, is mobile, and is provided in the child’s home or community. Services provided include psychiatric evaluation and treatment, clinical assessment, medication management/monitoring, interactive therapies, and support with daily living skills.
Psychological Testing

- The administration of valid and reliable psychological tests
- Available under Medicaid to answer questions about a child’s diagnosis and to determine the future course of treatment
- Educational testing, vocational testing, testing to rule out a medical condition or specifically for the purpose of placement is not covered
- Contact MDLC regarding denials or partial authorizations
Residential Services for Children with Mental Illness

- If a child with a developmental disability and/or a mental illness is having behavioral problems in a foster home, before the child is referred for placement in a more restrictive setting, consider if an in-home behavioral aide would help (TBS) and see if wraparound services are available in your county.

Other residential options include:

- Residential Rehabilitation services in a therapeutic foster home or group home
  - All Medicaid recipients under 21 who meet medical necessity criteria have a right to these services (but there is a co-pay for parents so a VPA may be necessary)

- Residential Treatment Center Care
  - Process (Professional Recommendation, CSA, ValueOptions)
  - DSS should handle the application process.
  - School System approval is not required but approval for a non-public school can expedite placement
  - MA recipients not approved for an IEP or a non-public school still have right to RTC care
What happens when a child has private insurance and Medicaid?

- Medicaid is the payer of last resort
- Medicaid will pay the private insurer’s co-pay due on services and prescription drugs if the provider participates in Medicaid
- Try to find a provider who accepts both the private insurance and Medicaid
- Always inform doctors and pharmacists about dual coverage so that co-pays will be covered
- Call MDLC if co-pays are not covered
Appeal Rights
Service Denials in Writing

- Any time a child is denied a Medicaid service, you have a right to receive a written denial letter explaining why the service was denied and how to appeal.

- Managed Care Organizations must send these letters and cannot just give verbal denials.

- MAPS-MD must send these letters when denying mental health services.
Denials and Other Types of Problems Accessing Services

- Service found not to be medically necessary
- Service not covered (rare)
- Ambiguous (e.g., Denial verbal, Inaction, Request for more information)
- Lack of reasonable promptness in service delivery
- Can’t find a provider (e.g., TBS, DME, PT, OT and speech)
- Illegal Caps on Service frequency, length or amount
- Interplay with Private Insurance coverage
- Provider problems (e.g. not delivering, poor quality, miscommunication)
- Disputes Between Managed Care System and Mental Health Carve-Out over who is responsible for a service
Right to appeal MCO denials or delays regardless of whether a formal written denial letter is received

The first step is to file a complaint with the DHMH Health Enrollee Action Line (HEAL) by calling 1-800-284-4510.

MDLC can help you call the HEAL line.

DHMH sends a letter 10 business days after a call to the HEAL line about the right to request a Medicaid Fair Hearing even if they still are trying to resolve the complaint.

Internal MCO appeal option is not recommended
Mental Health Appeals

- Right to appeal if there is a denial or delay in obtaining any mental health service requested through ValueOptions.
- There are time deadlines for filing appeals and receiving decisions on appeals.
- Internal appeals can be filed first through ValueOptions and then through the Core Service Agency (CSA).
- Your client has the option of requesting a Medicaid Fair Hearing immediately or at any time during the internal appeals process up to 45 days after the last decision.
- You can pursue a Medicaid Fair Hearing and internal appeals at the same time.
Fee-for-Service Appeals

- In case of a denial, the family should receive a denial letter from DHMH.
- Right to appeal DHMH denials or delays regardless of whether a formal written denial letter is received
- Request a Fair Hearing by sending a letter to DHMH.
Medicaid Fair Hearings

- Who can request a Medicaid Fair Hearing?
  - Foster parents should talk to DSS caseworker before requesting a hearing.

- Medicaid Fair Hearings are requested by writing a letter to DHMH and are held before an administrative law judge. Legal representation is not required but is highly recommended.

- MDLC can provide free representation or refer you to a pro bono attorney.

- Judge must make decision within 90 days of the date hearing requested or even faster in “expedited” cases.

- Hearing location can be requested in any county.

- Case likely to be resolved by a settlement agreement before the hearing.
Right to Continued Benefits Pending a Hearing

- Only applies if a service a child has been receiving has just been terminated or is about to be terminated, not if a new service is denied.

- When requesting the hearing, request that the service continue (or be reinstated) pending the outcome of the hearing.

- Warning: If you lose at the hearing the state can bill the recipient for any continued benefits received.
Things to Save and Read

Included in your hand-outs are:


- Department of Health and Mental Hygiene brochures on Accessing Services under Medicaid for Children with Special Health Care Needs available at [http://dhmh.maryland.gov/epsdt/SitePages/specnds.aspx](http://dhmh.maryland.gov/epsdt/SitePages/specnds.aspx)

- Show these materials to the DSS caseworker and the child’s doctor or mental health professional.
Please contact MDLC with any questions regarding children’s Medicaid services.

MDLC is able to accept some cases and refers other cases to pro bono or private attorneys.

410-727-6352
1-800-233-7201

For new case referrals, ask for intake.

For questions, e-mail me at cathys@mdlclaw.org

Our website is www.mdlclaw.org