Overview: Mental Health Case Management and 1915(i) Chapter I
Home And Community-Based Services: Intensive Behavioral Health Services For Children, Youth and Families

Beacon Health Options
Maryland began implementation of two (2) new Behavioral Health Programs in October 2014. Both programs can be found in COMAR authorized under a Medicaid State Plan Amendment (SPA).
New Programs for Children, Youth & Families

Mental Health Case Management
(aka: Care Coordination / Targeted Case Management)

- Maryland COMAR 10.09.90.00 – 10.09.90.22 implements mental health case management care coordination for children and youth, which is used to assist participants in gaining access to needed medical, mental health, social, educational, and other services.

1915(i) Service Array

- Maryland COMAR 10.09.89.00 – 10.09.89.99 implements a home and community-based services benefit for children and youth with a behavioral health disorder and their families, authorized under a 1915(i) Medicaid State Plan Amendment. Eligible participants are serviced by care coordination organizations (CCO) through a wraparound service delivery model that utilizes child and family teams (CFT) to create and implement individualized plans of care driven by the strengths and needs of the participants and their families.
### Key Players

<table>
<thead>
<tr>
<th>Care Coordination Organizations</th>
<th>BHA/Core Services Agency/Beacon Health Options</th>
<th>1915 (i) Providers</th>
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<tbody>
<tr>
<td>✓ CCO identifies youth’s need for additional services including Targeted Case Management and wrap-around community supports</td>
<td>✓ Provide guidelines for service delivery and quality of care</td>
<td>✓ Submit application materials and obtain MA number for 1915(i) provider type through Medicaid</td>
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<td>✓ Referrals for identified youth provided by community providers such as Psychiatrists, Therapists, RTC’s, and Inpatient Facilities</td>
<td>✓ Authorize Targeted Case Management and/or 1915(i) services based on medical necessity criteria and/or financial eligibility</td>
<td>✓ Understand basic procedures for participation, requesting authorization for services and submission of claims for payment</td>
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<td>✓ CCO assists in the referral for Targeted Case Management and/or 1915(i)</td>
<td>✓ Provide program oversight, technical assistance and authorization parameters for all service levels</td>
<td>✓ Actively participate on CFT and attend meetings related to quality of care and service delivery</td>
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<td>✓ CCO is in communication with the family and Beacon/CSA regarding status of service requests</td>
<td>✓ Ensure provider adherence to the regulatory quality and integrity standards for service delivery</td>
<td>✓ Promptly seek assistance as needed for further clarification and/or concerns arise</td>
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Targeted Case Management

- Level I care coordination – 12 units per month
- Level II care coordination – 30 units per month (Wrap Lite)
- Level III uses the wraparound care coordination service delivery model – 60 units per month
  - Level III + 1915(i)
    - Uses the wraparound model and includes access to the 1915(i) services array
    - Youth must meet financial eligibility in addition to clinical criteria
    - Care Coordination Organizations must provide updated plans of care to the ASO for all concurrent authorization requests

Note: 1 unit = 15 minutes; Level I & II are allowed an additional 4 units for comprehensive assessment during the 1st month and every six (6) months thereafter to allow for reassessment of participant
1915(i) Services

- Eligible participants are served by CCO’s using a wraparound delivery model also known as targeted case management (TCM) which requires a separate authorization.
- Eligible participants must meet medical necessity criteria and financial criteria <150% Federal Poverty Level (FPL)
- Availability of these services may vary by jurisdiction.
- Core Service Agencies (CSA) can assist in determining if 1915(i) services are available.

These are traditional and non-traditional services delivered in a wraparound model to children, youth and families in their community.
Providers interested in participating must be an active Maryland Medicaid Provider, then submit a supplemental 1915(i) application and obtain a new NPI number for the program. Medicaid will then issue a new MA# (Provider Type 89) for enrollment in 1915(i).

For questions regarding the enrollment process, contact the Beacon Health Options Provider Relations Department Sharon Jones (410-691-4055)

For 1915(i) program questions, contact the 1915(i) Liaison Connie Wozny (410-691-4007)
Each participant’s plan of care drives the array of services that are available during 1915(i) enrollment.

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<thead>
<tr>
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<th>Service Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Intensive In-Home Support Services</td>
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<tr>
<td>2</td>
<td>Crisis Support Services</td>
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<tr>
<td>3</td>
<td>Family Peer Support Services</td>
</tr>
<tr>
<td>4</td>
<td>Respite Support Services: In-home / Out-of-Home</td>
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</tbody>
</table>
Expressive & Experiential Behavioral Services: Adjunct modalities to support individual goals and help participants find a form of expression beyond words or traditional therapy.
Enrollment

- Enrollment in either or both TCM & 1915(i) begins with a referral to the CCO (TCM/1915(i) Referral Form).
- The CCO works closely with community providers and families to ensure participants receive the appropriate level of care.
- CCO is required to submit a Certificate of Need (CON) to the CSA for TCM III and/or 1915(i) approval.
- CON consists of a psychiatric evaluation and psychosocial assessment of child and family (Documentation must be dated within 30 days of referred service).
Enrollment

- CSA reviews CON then completes the Child & Adolescent Service Intensity Instrument (CASII) or the Early Childhood Service Intensity Instrument (ECSII) and makes a determination to recommend TCM III and/or 1915(i)

- CASII / ECSII must contain adequate information about youth and family in order to make a determination to recommend TCM III and/or 1915(i)

- CSA forwards CON and recommendation to Administrative Service Organization (ASO) for medical necessity criteria (MNC) determination

- ASO reviews CON then completes the CASII or ECSII and approves if MNC met

- ASO completes the Financial Eligibility Determination form and forwards to Medicaid for 1915(i) financial approval
Approval Process

- TCM I & II approval requests are submitted via ProviderConnect for MNC determination
- TCM III may be approved based on MNC without a 1915(i) authorization when 1915(i) is either not available or the family is above 150% FPL
- 1915(i) is approved in two parts: MNC and Financial Eligibility determinations
- 1915(i) and TCM III may be approved at the same time through separate authorizations
- TCM III is approved for six (6) months and requires re-authorization
- 1915(i) services are approved on an annual basis and requires redetermination
- ASO communicates to CCO, participant and participant’s family the status of approval and/or denial
The purpose of authorizing a bundle of services is for stabilization and crisis resources to be available for the youth and/or their family immediately upon enrollment.

The CCO will communicate to 1915(i) providers the participant’s enrollment date and include them in the initial child and family team meeting (CFT).

An initial authorization will be granted for 60 calendar days with a start date beginning on the participant’s 1915(i) enrollment date.

This bundle of services will be accessed through a series of providers. The provider types are Intensive In-Home, Family Peer Support and Respite Care.

The Intensive In-Home Service Provider is granted the authorization for the initial bundle and will need to submit a concurrent authorization request prior to the end date. This initial authorization is for 60 days.
Family Peer Support and Respite Service Providers are also authorized within the initial bundle authorization and can begin working with youth and/or family immediately upon participant enrollment.

Family Peer Support and Respite Service Providers must submit an initial request for services on or before 60 days after participant enrollment.
1915(i) Service Approval

- CCO coordinates care and refers participant for all services
- All services within the 1915(i) service array must be pre-authorized and part of the plan of care prior to service delivery with the exception of Mobile Crisis Response Services (MCRS)
- MCRS services are offered in response to urgent mental health needs and are incorporated into the participant’s POC
- MCRS services are available on an immediate, on-call basis 24 hours per day, 7 days per week and authorization request must be submitted within 24 hours or one business day of the identified crisis
- Intensive In-Home Support, Family Peer Support and Respite services are authorized under the initial bundle and DO NOT require provider authorization submission via ProviderConnect during the 1st 60 days of participant enrollment
1915(i) Service Approval

- All Expressive & Experiential Support Service providers must submit initial and concurrent requests for authorization via ProviderConnect prior to service delivery
  
  - **NOTE:** Participants may receive a maximum of two (2) different expressive & experiential behavioral services on the same day
  
  - Expressive and Experiential Support Service Providers need to review all sections of this overview to include ProviderConnect training, Claims Administration and Quality & Audit procedures
Additional Important Information

- CCO is responsible for Child and Family Team (CFT) meetings including providing general program information and clinical oversight.
- Plans of Care must be provided to the ASO in order to complete the pre-authorization process for all 1915(i) services.
- Disenrollment and Discharges require communication with the ASO.
- ASO is responsible for providing technical assistance and training as needed to TCM and 1915(i) service providers.
Adhere to the program model as set forth in COMAR 10.09.89.05

Please complete and return to Beacon Health Options email address at Marylandproviderrelations@beaconhealthoptions.com or fax to Provider Relations at 410-691-4001.

By signing this document, I declare that I have reviewed Chapter I: Overview Mental Health Case Management and 1915(i).

____________________________________________________________________________________
Signature of representative
____________________________________________________________________________________
Print name and title
____________________________________________________________________________________
Applicant organization name
Phone: _______________ Fax__________________ Email________________________________________