

Accessing Services for Children with Developmental Disabilities through Maryland Medical Assistance/Medicaid and MCHP



A guide from the Maryland Disability Law Center

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Medical Assistance/Medicaid and MCHP**

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What services should be covered by Medical Assistance?

Almost any service deemed “medically necessary” through an assessment or screening, and recommended by a doctor or other licensed health care practitioner is covered by Medical Assistance through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. A screening does not need to be a formal process; it can include any visit by a child with a doctor or other qualified professional, regardless of whether the professional participates in the Medical Assistance program. Some covered services include:

- Regular Well-Child Check-Ups
- Case Management
- Physical, Occupational, and Speech Therapy
- Home Health/ Private Duty Nursing
- Personal Care
- Durable Medical Equipment and Disposable Medical Supplies
- Dental and Vision Care
- Specialty Mental Health Services
- Therapeutic Behavioral Services
- Therapeutic Nursery Services/ Medical Day Care
- Limited Residential Services

The federal law lists a number of specific services that must be covered; but if a child needs services that are not on the list, the child should still be able to get them. Children who are covered by Medicaid (also called Medical Assistance), Maryland Children’s Health Program (MCHP), or MCHP *Premium* have the right to virtually any home or community-based service that a health care professional determines is medically necessary.

What is EPSDT and who is eligible?

EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment. Federal law requires the state to provide periodic screening, diagnosis and all “medically necessary” treatment services to all Medicaid recipients under 21 years old. EPSDT includes 2 components: (1) well child visits, also called Healthy Kids Check-ups; and (2) all treatment and services that are medically necessary.

How many check-ups should children get?

From birth to 1 year old, children should get 7 check-ups. From 1 to 2 years old, 3 check-ups; and from 3-21 years old, at least one check-up a year. If a child’s doctor thinks that more check-ups are necessary, they should be covered.

What does a Healthy Kids Check-up include?

A check-up should include an unclothed physical exam, developmental screening, mental health screening, lead testing at ages 12 and 24 months, vision testing, hearing screening, immunizations, dental screening, health education, and laboratory tests.

If a child is not getting these check-ups, or they don’t include all the services listed above, please contact MDLC’s intake office.

All children in Maryland under 21 years of age receiving Medical Assistance benefits or Maryland Children’s Health Program benefits (MCHP), including children enrolled under the Autism Waiver, the Model Waiver, the Living at Home Waiver, or the Developmental Disabilities (DD) Waiver, are eligible for services under this broad EPSDT benefit.

What is Case Management and who is eligible?

Case managers assist families in coordinating referrals and authorizations, and can help a child obtain the other Medicaid services described in this booklet. Case managers also assist families by identifying resources in their communities, including providers, transportation and even non-medical services.

- **Children with Special Health Care Needs in Health Choice**

Children identified with special health care needs should be assigned a case manager by the Managed Care Organization or health plan upon request. Call the health plan's customer service number and ask for the Special Needs Coordinator.

- **Children in REM**

Children with certain disabilities and/or diseases may qualify for Rare and Expensive Case Management (REM). Call 1-800-565-8190 for information or call Baltimore Health Care Access at 410-649-0521 ext. 3007 and ask for a diagnosis list. Children in REM will be assigned a case manager, but should call to request assistance.

- **Children in a Medicaid Waiver Program**

Children in a waiver program will be automatically assigned a case manager, but this person may be referred to as a "service," "resource," or "care" coordinator. For the Autism Waiver, contact the child's service/resource coordinator too. For the Developmental Disabilities Waiver, contact the child's resource coordinator or the Developmental Disabilities Administration at 410-767-5600. For the Model Waiver, contact the Coordinating Center at 1-800-296-2242.

- **Children in a Fee-for-Service Medicaid Program**

If the child is in a fee-for-service Medical Assistance program, contact the local health department to request a Medicaid Case Manager. If the health department is unable to assign one, ask the child's doctor for a letter explaining the child's need for a case manager, and submit this to the Department of Health and Mental Hygiene and the local health department. You can also call MDLC for help.

- **Children with a Mental Health Diagnosis**

Children with a mental health diagnosis may be eligible for a Targeted Case Manager who specializes in arranging mental health services. Ask the child's doctor or another treating professional to contact ValueOptions Maryland to request this service (follow the guidelines in the mental health section of this booklet).

How can I access Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy?

If a licensed provider of these services determines that PT, OT or Speech Therapy are medically necessary, children are entitled to receive them. These services are carved out of HealthChoice. That means that you do NOT need to go through the child's Managed Care Organization (health plan), or get a doctor's referral to receive them. Even if a child is receiving these therapies at school, he or she is eligible for additional hours with a provider outside of school if the additional hours are medically necessary. The therapies provided by schools are very limited and often are targeted to the school setting, not the home or community setting.

In order to access these services, contact a provider. Be sure to confirm with the provider that they accept Medical Assistance. If the child is eligible for home health services (see below), he or she may be able to receive the PT, OT, and speech therapy services at home.

How can I find a provider for PT, OT or Speech Therapy?

1. Contact a hospital close to your home. Many hospitals provide these services on an outpatient basis. In Baltimore, facilities such as Kennedy Krieger and Mount Washington Pediatric Hospital provide these services. In the Washington DC area, Children's Hospital Center provides these services.
2. In Baltimore, contact PACT: Helping Children With Special Needs at 410-298-7000 or the Hearing and Speech Agency at 410-318-6780.
3. In Harford County (and some parts of Baltimore County), call the Maryland Therapy Network at 410-569-0990 (Harford) or 410-515-4900 (Baltimore).
4. Call the Maryland Speech Language Hearing Association at 410-239-7770.
5. Call Medical Assistance at 1-800-492-5231 for a list of providers.

Contact MDLC's intake office if you cannot find a provider by taking the above steps.

What are Home Health and Private Duty Nursing and who is eligible?

Home Health provides skilled nursing and/or home health aide assistance with activities of daily living at the recipient's place of residence. Home Health is also the mechanism by which some children can get physical, occupational and speech therapy at home, mental health services at home, and medical supplies to be used at home in conjunction with an approved home health service. Home health services are available on a part-time basis to children who have a medical need for them, and cannot be used just because it is more convenient than bringing the child to a provider. However, there is no requirement that the child be housebound to receive home health services. EPSDT also covers "private duty nursing" for as many hours as are medically necessary where it is ordered by the child's doctor and the order is renewed every 60 days.

In order to receive home health services including in-home nursing, you should get a referral from the child's doctor, and the doctor will need to get approval from the child's health plan.

If the child is in fee-for-service Medical Assistance, the child's doctor will need to get approval from the Department of Health and Mental Hygiene (DHMH).

What is Personal Care?

A personal care aide assists in the home with activities of daily living such as feeding, toileting, bathing, dressing and mobility if it is medically necessary. No waiting list can be maintained for this service. Personal care services cannot be used as a substitute for childcare.

How can I access personal care services and find a provider for a child?

Anyone, including a family member, service coordinator, or other person can make a referral for this service by contacting the county personal care program within each county health department. If you contact the health department but have trouble in getting a child assessed and approved for personal care services or getting an aide to provide sufficient hours, ask the child's doctor to write a letter stating why the service is needed and how many hours are needed. Please call MDLC for a list of contacts in each health department and a sample letter that the child's doctor should send.

Despite approval for services, some families may have trouble finding someone to provide personal care services at the current payment rate, which is a flat rate of \$20 per day in most cases. If you have a friend, neighbor or relative willing to provide personal care, that person can apply to become an approved provider for the child. Approved providers cannot be the spouse, child, parent, or sibling of the person needing care, but other family members can qualify. Contact MDLC's intake office if your child is approved for services but you cannot locate a provider, or the child is not receiving the number of hours of personal care his or her doctor recommends.

How can I get Medical Equipment and Supplies for a child?

Children on Medicaid are eligible for all medically necessary Durable Medical Equipment and Disposable Medical Supplies. For example, augmentative communication devices, wheelchairs, ankle-foot orthoses (AFOs), monitors, orthotics, prosthetics, seating and positioning devices, transfer equipment, oxygen equipment, nebulizers, and more. Disposable Medical Supplies include diapers for children with incontinence, diabetic supplies, enteral/parenteral nutritional formula, formula for PKU and feeding disorders and more.

To get equipment and supplies, get a referral from the child's doctor. For children in HealthChoice, approval is then needed from the child's health plan. The health plan should let you know within 72 hours if the equipment or supplies are approved. If approved, the child should receive the equipment or supplies within 7 days. If there is an emergency need, the child should receive the equipment or supplies within 24 hours. For children in a fee-for-service program, the doctor will need to seek DHMH approval, and these timetables are not applicable. However, children in fee-for-service are still entitled to have equipment and supplies delivered without unreasonable delay. If such delays occur, contact MDLC's intake office.

What about Assistive Technology (AT)?

Children are eligible for assistive technology both through Medicaid and through the school system. Examples of AT devices are wheelchairs, augmentative and alternative communication devices, monitors, orthotics, prosthetics, seating and positioning devices, and lifting devices. School systems are obligated to consider AT for school-age children and provide it if a student needs it in order to benefit from his or her education regardless of whether the student is eligible for Medicaid. If a child needs AT in school, discuss it with the IEP team. Children who need AT are also eligible for AT assessments and devices through Medicaid, and should get a referral from a doctor. The doctor will also need approval from the health plan or DHMH (see discussion of medical equipment and supplies, above).

What are EPSDT Therapeutic Behavioral Services (TBS), and how can I access them?

Therapeutic Behavioral Services (TBS) provides help for children who have mental illness or developmental disabilities and maladaptive behaviors. Maladaptive behavior means behavior that is harmful to oneself or others, developmentally inappropriate, and disruptive or dangerous. This service is provided at home and in the community, and includes an initial assessment, the development of a behavior plan, and an ongoing individual one-to-one aide. TBS is designed to support children who are at risk for a higher level of care without the intervention.

TBS can help to prevent the need for an out-of-home placement when a child's behaviors are too difficult for his or her caregivers to manage alone. A TBS aide can help by supporting the child in his family home, foster home, at school, or at day care as well as in the community. TBS can also assist a child during a transition to home from an out-of-home placement.

If a child needs TBS services, see the following section on mental health services and follow the instructions for using the ValueOptions referral system, which is also used to access TBS services. Also, see our website at www.mdclaw.org for a sample TBS referral letter. For access to TBS services at school request an IEP meeting.

When is TBS not available?

TBS cannot be used to provide respite care or child care during a parent's working hours, but children with a mental illness or developmental disabilities and maladaptive behaviors may be eligible for a TBS aide while in childcare, even if a parent is at work.

TBS is not available as a separate service during hospitalization, a residential treatment center stay, or a group home stay if one-to-one staffing is already provided, or in any other outpatient or residential program that already includes compensation for one-to-one support.

TBS cannot be used to provide personal care services (such as bathing, toileting and eating) or to assist in activities of daily living. Personal care services are a separate entitlement under EPSDT. For further information see the section on personal care services.

How can I gain access to Mental Health Services?

Children with developmental disabilities AND mental illness can access mental health services. Maryland's Public Mental Health System requires that all mental health services be approved through a private agency working for the state called ValueOptions Maryland. To secure services for a child with a mental illness diagnosis, a treating professional for the child should contact ValueOptions Maryland.

If possible, the referring professional should use ValueOptions ProviderConnect website at <https://www.valueoptions.com/pc/eProvider/providerLogin.do>. The professional can also call 1-800-888-1965 or contact ValueOptions by fax (1-877-502-1044) (keep a copy of your fax confirmation) or mail:

Jennifer Lowther
Director of Clinical Operations
ValueOptions Maryland
P.O. Box 618
Hanover, MD 21076

Professionals or parents may also contact ValueOptions 24 hours a day for children with a developmental disability who do not have a mental illness diagnosis if they need therapeutic behavioral services, a psychiatric assessment, medication monitoring, or other related services.

Professionals: Contact ValueOptions with the specific services requested, including the frequency or number of hours per day/week (if applicable). It is also recommended that the referral be confirmed in writing, be signed by a licensed professional, document all the specifics of the service request, and document the medical necessity. A sample service request for TBS services is available in the "Publications" section of MDLC's website: www.mdclaw.org.

All licensed mental health professionals in Maryland, whether they participate in Medicaid or not, may refer a child for mental health services through ValueOptions. Professionals can review Maryland's Public Mental Health System Provider Manual for further details. It is available upon request from the Mental Hygiene Administration, ValueOptions, or on-line at http://maryland.valueoptions.com/provider/prv_man.htm.

Families: Although families may call ValueOptions themselves to request mental health services for their child, we recommend that they obtain the assistance of a mental health professional to make the referral for services. Other than the first 12 outpatient therapy visits or emergency room care, services must generally be pre-approved by ValueOptions and will require a professional's referral. Be sure to provide the child's professional with this booklet for assistance in the referral process.

ValueOptions should comply with strict timelines found in state regulations for approving services and arranging for a provider to deliver the services. Call MDLC's intake office if services are delayed.

How can I access Dental and Vision Care through Medicaid?

Covered dental services include teeth cleaning (twice a year), fluoride treatment, exams, emergency care, preventive services, sealants, orthodontic care, general anesthesia and other treatment. Covered vision services include one eye exam and one pair of glasses per year. If the glasses are lost, stolen or broken, or if the child's

prescription changes, he or she is eligible for another pair prior to the annual review date. Children are also eligible to receive specialized glasses, like goggles, where medically necessary. The child's doctor should write a letter explaining the need for specialized glasses.

Since July 1, 2009, Maryland has a new Healthy Smiles Dental Program. Contact **Doral Dental Care** for information and participating dentists at 1- 888-696-9596, www.doralusa.com. Dental care is now provided through Doral and not by the child's Managed Care Organization (health plan).

What are Therapeutic Nursery Programs and Medical Day Care and who is eligible?

Therapeutic nursery programs are structured therapeutic programs for a preschooler who (1) has or is at risk for mild to severe mental disorders or mild to severe behavioral problems, or (2) is at risk for emotional or behavioral problems because the child is experiencing substantial developmental delay which could severely impair the child's ability to function independently. Children who have been excluded from more than one preschool or day care program due to developmental or behavioral problems should be eligible. Requests for this service should be made by the child's treating professional to ValueOptions. There are currently only two such programs in Maryland: The Bowie Therapeutic Nursery Center in Bowie, Maryland, and the Reginald Lourie Center for Infants and Youth in Rockville. Call the program directly for more information. Bowie: 301-262-9167. Rockville: 301-984-4444.

Medical day care is a medically supervised day care program that serves children ages 6 weeks to 5 years who have a medical condition requiring daily nursing care. Children with developmental disabilities must have additional medical needs, like gastrostomy tube feedings, oxygen dependency or cardio-respiratory monitoring, in order to qualify for medical day care. There are currently two medical day care providers in Maryland: The Family, Infant and Child Care Center through the ARC of Montgomery County located in Rockville and Kennedy Krieger's PACT program in Baltimore City. If you believe a child may qualify for medical day care, contact the program directly. Rockville: 301-279-2165, Baltimore: 410-298-7000.

If a child who needs a therapeutic nursery or medical day care program lives too far from the existing programs to attend, contact MDLC's intake office at 410-727-6352. By federal law, these services should be available throughout the state.

If a child does not qualify for therapeutic nursery or medical day care, contact LOCATE Childcare, which helps find day care services for children with special needs up to age 21. LOCATE Childcare: 410-625-1111 or 1-800-999-0120.

Are children on Medicaid eligible for Residential Services?

Unless a child is in a Waiver program, the Medicaid program only covers institutional placements in hospitals, nursing homes, Intermediate Care Facilities for the Mentally Retarded (ICF-MR), and residential treatment centers. Long term placements in these facilities are NOT usually recommended for children.

If a family is interested in obtaining community-based residential care for a child who needs 24 hour a day supervision and active treatment, they should apply to the Developmental Disabilities Administration (DDA). Call DDA at 410-767-5600. However, many children are found ineligible or placed on a waiting list by DDA. If a child who needs 24 hour a day care and supervision is not already in a waiver program, he or she may be eligible to be placed in a waiver program in order to access community-based residential services or other intense community-based services that would enable the child to live at home.

Children in the Autism or Developmental Disabilities Waiver are eligible for community-based residential programs if a health care professional finds that such a placement is medically necessary.

MDLC focuses on getting children community-based services so they can continue to live at home. In most cases, we can provide information but will not be able to represent children in obtaining residential services.

Are children eligible for transportation services?

Children are eligible for transportation to and from medical appointments if the parents or guardians cannot provide transportation. Call the local health department. You can find the number in the blue government section of the phone book.

What services for children are not covered by Medicaid?

Room and board costs (for example, a group home or foster home) are not covered under federal Medicaid law.

Habilitation services, where the individual service is not specifically listed, which teach children new skills or behaviors, are not covered under regular Medicaid, but may be provided through a home and community-based waiver program. However, rehabilitation services, which can be hard to distinguish from habilitation, are covered by Medicaid.

Respite care is also not a covered service under Medicaid because its purpose is to assist the family, not to improve the child's medical condition. However, some respite is available through state funding and for children in some waiver programs. Contact the Developmental Disabilities Administration at 410-767-5600, the local Department of Social Services, or some local health departments. You can also contact Baltimore Health Care Access for a copy of their "Guide to Respite Care, Hospice, Day Care, and Summer Camp for Children with Special Needs" at 410-649-0521 or www.bhca.org.

What if a child has private insurance in addition to Medicaid?

Medicaid is the payer of last resort. If a child has other insurance coverage, Medicaid will only pay if the other insurance will not cover the service. Try to find a provider who participates in both the child's private health insurance plan and Medicaid. If the private insurance does cover a service, Medicaid will pay the co-pay if the provider is a Medicaid provider. Be sure to let the provider know that the child had Medical Assistance or MCHP in addition to the private insurance.

What is the relationship between Medicaid services and services from the Developmental Disabilities Administration (DDA)?

DDA provides additional services not covered by the regular Medicaid program (such as respite care) through state only funds. These state-funded DDA services, available regardless of whether a child is on Medical Assistance or MCHP, are not an entitlement and children are likely to be placed on a waiting list to receive them.

However, many DDA services are funded with federal Medicaid dollars. For those services, Medicaid recipients may not be placed on a waiting list if the service is medically necessary.

Most DDA services funded with Medicaid dollars are available through the DD waiver, but a person must be in the waiver before they are entitled to receive the services. If you do not know if a needed service is funded by DDA through Medicaid or by state only funds or whether a child is in the waiver, contact MDLC for assistance.

We recommend that parents of children with developmental disabilities, whether the child is eligible for medical assistance or not, submit a written application for service to DDA. DDA will then determine if the child is eligible. Having this eligibility determination on file will speed the process when the child applies for specific DDA services. See the following website for more information:

http://www.dhmf.state.md.us/dda_md/howtoapply.htm

Who is responsible for locating and providing the requested Medicaid services after they are approved?

The State of Maryland's Medical Assistance Program (part of the Department of Health and Mental Hygiene) is responsible for arranging corrective treatment through referral to appropriate and qualified individuals or agencies who are willing and able to provide the covered services. The family and the professional or agency requesting authorization for services are NOT required to locate, arrange or provide the services. However, parents have a right to request the Medicaid provider of their choice if the provider is willing and able to serve the child. If a child is having trouble obtaining a Medicaid service, you may also request a case manager's help. Call DHMH at 1-800-284-4510 or the child's health plan to ask for assistance. Call MDLC's intake office for help. See below for MDLC's contact information.

Is there a legal timeframe for approving and providing services once a request or referral has been made?

Yes. Under federal law, Medicaid services must be approved and provided (or denied) with "reasonable promptness." There is not one definition for how long it should take for a child to get a service he or she needs. It depends on the individual facts and circumstances, such as whether there is an urgent need for a particular service. However, the child should be able to receive Medicaid services without being put on a waiting list. If a family is told that a child is not able to get any service that a professional has said he or she needs within a reasonable time or the family is told the child is on a waiting list, please contact MDLC's intake office.

What should I do if a child cannot obtain needed Medicaid services?

If a service the child needs is denied or there is a delay in getting the service because of provider problems or for other reasons, the family has the legal right to take further action. Contact MDLC's intake office by calling 410-727-6352 or 1-800-233-7201 between 10am and 12 noon.

In some cases, MDLC may be able to provide legal representation. Representation by MDLC is free. In other cases, we may refer individuals to other attorneys who can represent them for free. MDLC is currently compiling a list of private attorneys who are willing to represent children from low income families on a pro-bono basis when the child has been denied services or is not receiving approved services.

If a child is denied a service that should be covered by the **HealthChoice Program** and has a Managed Care Organization as his or her health plan you can call the Health Enrollee Action Line (HEAL Line) to file a complaint or an appeal: 1-800-284-4510. A local ombudsman may also be assigned to help access needed benefits and services. If a child is denied a service that should be covered in the **Fee-for-Service Program**, call 1-800-492-5231 to file a complaint or appeal.

Parents/guardians are entitled to request a Medicaid "Fair Hearing," which is an administrative hearing to resolve the problem. There may also be other, more informal appeal options that vary depending on which service the child cannot obtain. Contact MDLC for more information on how to appeal.

Maryland Disability Law Center
1800 N. Charles Street, Suite 400
Baltimore, MD 21201
410-727-6352 or 1-800-233-7201

About The Maryland Disability Law Center

The Maryland Disability Law Center (MDLC) is a private, non-profit organization staffed by attorneys and paralegals. MDLC is the Protection and Advocacy organization for the rights of individuals with disabilities in Maryland. MDLC's mission is to ensure that people with disabilities are accorded the full rights and entitlements afforded to them by state and federal law. Among those rights are:

- The right to self-determination
- The right to be free from harm
- The right to be provided with due process
- The right to develop physically, emotionally, and intellectually
- The right to be included in community life with opportunities and choices.



***Call us at 410-727-6352 or
1-800-233-7201
www.mdclaw.org***

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