



Accessing Mental Health Services for Children in Maryland through Medical Assistance/Medicaid and MCHP

What is EPSDT and who is eligible?

EPSDT stands for Early & Periodic Screening, Diagnosis & Treatment. Federal law requires the state to provide periodic screening, diagnosis and all “medically necessary” treatment services, including mental health services, to all Medicaid recipients under 21. All children in Maryland under 21 years of age receiving Medical Assistance benefits or Maryland Children’s Health Program (MCHP) benefits, including children enrolled under the Autism Waiver or the Developmental Disabilities Waiver, are eligible for services under EPSDT.

What mental health services should be covered by Medical Assistance through EPSDT?

Virtually any service that is deemed “medically necessary” through an assessment or screening, and is recommended by a doctor, psychologist, social worker or nurse (or other licensed health care practitioner) is covered by Medical Assistance through EPSDT. A screening does not need to be a formal process; it can include any visit or encounter by a child with a qualified professional, regardless of whether the professional participates in the Medical Assistance program.

Although the federal law lists a number of specific mental health services that must be covered, that list is not exhaustive. Medicaid recipients have the right to virtually any home or community-based mental health service that a practitioner determines is medically necessary. Some of the services covered through EPSDT under federal Medical Assistance law include:

- Diagnostic evaluation and assessment
- Medication Management
- Individual therapy
- Group therapy
- Family therapy
- Case management and mental health targeted case management
- Therapeutic behavioral services
- Psychiatric rehabilitation program services
- Therapeutic nursery services
- Substance abuse services
- Inpatient hospitalization
- Residential treatment centers
- Partial hospitalization / Psychiatric day treatment
- Home health care
- Mobile treatment
- Psychological testing
- Transportation assistance for the child and parents to any service where necessary

- Any other mental health service recommended by a doctor or other licensed “practitioner of the healing arts,” within the scope of his or her practice under State law.

Are there any mental health services for children which are not covered by Medical Assistance?

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

Respite care is not a covered service under Medicaid because the purpose of respite care is to assist the family, not to improve the child's condition. However, respite may be available through state funding or under a waiver program. If the family needs respite care for a child, funding may be available through the Developmental Disabilities Administration, the Local Departments of Social Services, or some local health departments. Families can also contact Baltimore Health Care Access for a copy of their guide, “Guide to Respite Care, Hospice, Day Care, and Summer Camp for Children with Special Needs” at www.bhca.org or 410-649-0521.

Vocational services and supported employment are not covered Medicaid services, but may be covered under a waiver program.

How can I gain access to mental health services for my child or patient?

Maryland's Public Mental Health System requires that most mental health services be approved or preauthorized by a private agency working for the state. As of September 1, 2009, that agency is ValueOptions Maryland. But a parent can take a child to the emergency room, or go to any participating outpatient provider for the first twelve visits without a referral or prior approval. To secure the other services listed above for a child with a mental illness diagnosis, a treating professional should make a referral for the specific services needed to ValueOptions Maryland through one of the following methods (in order of preference):

- 1) ProviderConnect at <https://www.valueoptions.com/pc/eProvider/providerLogin.do>
- 2) Telephone: 1-800-888-1965 or 1-800-888-3944.
- 3) Secure Clinical Fax: 1-877-502-1044 (keep a copy of the fax confirmation) or mail a letter to:
Jennifer Lowther
Director of Clinical Operations
ValueOptions Maryland
P.O. Box 618
Hanover, MD 21076

Regardless of the method used to contact ValueOptions, professionals should be specific in providing the names of each service requested, the service frequency or number of hours per day/week, and if applicable, the anticipated duration. Professionals should also provide the reason for the service request, anticipated therapeutic benefits, and treatment goals or objectives. If the professional makes the referral by phone, or the website does not permit this specificity, MDLC recommends that you confirm the referral in writing, that it document all the specifics of the service request and that it is “medically necessary.” A sample service request is available in the “Publications” section of MDLC’s website at <http://www.mdclaw.org/chemicalcms/publications.php> and is attached to this document.

All mental health professionals making referrals for services may want to review Maryland's Public Mental Health System Provider Manual for further details. For some services, the

medical necessity criteria are included, and these may be helpful in drafting a referral. It is available upon request from the Mental Hygiene Administration or ValueOptions, or on-line at http://maryland.valueoptions.com/provider/prv_man.htm

Although the professional providing the service must be a Medical Assistance provider, the referring professional need not be a Medical Assistance provider.

While families may call ValueOptions themselves, MDLC recommends that families 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 referral. Be sure to provide the professional with this document for assistance in the referral process.

What is Case Management and Mental Health Targeted Case Management?

All children with special health care needs, including a mental illness diagnosis, should be entitled to receive a case manager either through their managed care organization (if in HealthChoice) or the local health department (if in fee-for-service). Case managers assist families in coordinating referrals and authorizations, and can help a child obtain any Medicaid service. Case managers also assist families by identifying resources in their communities, including providers, transportation and even non-medical services. For more information on how to obtain a case manager, see MDLC's booklet, "Accessing Services for Children with Developmental Disabilities in Maryland through Medical Assistance/Medicaid and MCHP." The booklet is available on MDLC's website at www.mdclaw.org, under "Publications."

Instead of a regular case manager, some children with mental illness may be eligible for a mental health targeted case manager who specializes in arranging mental health services.

What are EPSDT Therapeutic Behavioral Services (TBS)?

Therapeutic Behavioral Services (TBS) provide 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. The 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. These services are 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 home from an out-of-home placement.

How many hours per day can a child get TBS?

A child can get TBS for as many hours per day as needed, up to 24 hours a day. There are no arbitrary limits. Some children get TBS for 12 hours per day, others for 6 hours per day, and others for only a few hours in the morning or after school. Children can get TBS 7 days per week, only on weekends, or in any other combination that a mental health professional finds necessary. When writing a service request, the professional should specify the number of hours per week needed.

Can a child get a TBS aide during the school day?

Families can request a one-to-one TBS aide for their child during the school day through the Individualized Education Program (IEP) process for special education related services.

When is TBS not available?

TBS cannot be used to provide respite care or child care during a parent's working hours, but children 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 where an aide assists in "activities of daily living," (such as bathing, toileting, and eating). Personal care services are a separate entitlement under EPSDT. For further information see the section on personal care services in MDLC's booklet, "Accessing Services for Children with Developmental Disabilities in Maryland through Medical Assistance/Medicaid and MCHP." The booklet is available on MDLC's website at www.mdlclaw.org, under "Publications."

What are Psychiatric Rehabilitation Program services? (PRP)

Psychiatric Rehabilitation Program (PRP) services are community-based mental health services provided to children with mental illness in therapeutic after school programs or on a one-to-one basis in their home or community. PRP services are designed to promote positive peer interaction, effective communication, self-help skills, and completion of age-appropriate activities of daily living.

Can a child receive both Therapeutic Behavioral Services (TBS) and Psychiatric Rehabilitation Program (PRP) services?

A child may receive both TBS and PRP services on the same day; however, TBS and PRP services cannot occur at the same time. PRP services are available for 1) children with psychiatric diagnoses and 2) children who are dually diagnosed with mental illness and a developmental disability. TBS is available for 1) children with psychiatric diagnoses, 2) children who are dually diagnosed with mental illness and a developmental disability, and 3) children with a developmental disability who do not have a psychiatric diagnosis. PRP services may be delivered by a one-to-one aide in the community, but are not available for as many hours as TBS and do not involve the implementation of a behavior plan.

Can a child receive Mental Health Targeted Case Management and Psychiatric Rehabilitation Program Services?

If both mental health targeted case management and psychiatric rehabilitation program services are medically necessary, a child can receive both services. If your child is denied mental health targeted case management or psychiatric rehabilitation program services because they are receiving the other service, please contact MDLC.

What are Mobile Treatment Services?

Mobile treatment services are 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.

Children who are unable or unwilling to use necessary community based mental health services, such as outpatient therapy and medication management, and children who are in institutions or inpatient facilities and would be able to reside in the community if they receive mobile treatment and other support services qualify for mobile treatment.

What are Therapeutic Nursery Services?

Therapeutic nursery programs are structured therapeutic programs for a preschooler under the age of five 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. 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.

What is Substance Abuse Treatment and how can I access it?

Substance abuse treatment includes services for alcohol/drug abuse, including comprehensive substance abuse assessment, individual and group counseling services, methadone maintenance treatment, detox treatment (inpatient or outpatient), partial hospitalization, intensive outpatient services, and residential care in Intermediate Care Facilities.

Substance abuse treatment is covered under HealthChoice. Call the child's Managed Care Organization (health plan) to access these services, or call the HealthChoice Enrollee Action Line at 1-800-284-4510 for assistance.

For children covered under fee-for-service Medicaid, call 1-800-492-5231 for a list of providers. No referral or prior approval is needed.

What are Psychological Testing services?

Psychological testing involves the administration of valid and reliable psychological tests to answer questions about a child's diagnosis and future treatment. Children receive psychological testing through the public mental health system when other interventions are not successful in providing sufficient information to develop an appropriate plan of treatment. Educational testing, vocational testing, and testing conducted to rule out a medical condition or specifically for the purpose of placement are excluded benefits and will not be authorized by ValueOptions. At this time, DHMH has imposed an eight hour cap on psychological testing. However, under EPSDT, children have a right to receive as many hours of psychological testing as are medically necessary to answer questions about the child's diagnosis and determine the future course of treatment. If ValueOptions denies the request for psychological testing or approves only a portion of the hours necessary to complete the tests, please contact MDLC.

What residential services are covered and how can a child access these services?

The only residential services the Medicaid program covers are institutional placements in hospitals or residential treatment centers (RTC). Under federal and state law, these placements will not be approved unless a child poses a risk of harm to self or others and community-based services have not been successful or would not be safe. If a child needs a less restrictive out-of-home placement, such as a group home, foster home or other community-based residential setting, Medicaid will not pay the full cost (because of the room and board exclusion) but may cover the cost of the therapeutic services provided by the program.

MDLC focuses on helping children obtain 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.

If a child poses a danger to himself or others, families should contact their child's psychiatrist or take the child to an emergency room to evaluate the child's need for hospitalization. If a family is seeking an RTC placement, the family should take the following action with the help of a case manager where possible:

- 1) Contact the child's psychiatrist and ask for a written referral to ValueOptions for intensive community based services first, or at the same time as a written request for RTC care, using the procedure explained above. These services include PRP, TBS, Mobile Treatment, and the other services listed above. The receipt of community-based services may help prevent the need for a placement, or help the family to manage the child's behaviors while waiting for placement in a RTC, which can take months.
- 2) Ask the child's psychiatrist to make a written referral to ValueOptions for RTC care using the procedure explained above.
- 3) Send a copy of the psychiatrist's recommendation for RTC care to the local Core Service Agency (CSA). The CSA may require additional documentation.
- 4) Contact the CSA Child and Adolescent Coordinator. Ask the coordinator to request a Local Coordinating Council (LCC) meeting if the child has a psychiatrist's recommendation for RTC care. LCC approval of an RTC placement is not required for children on Medicaid but the LCC reviews such cases to see if children are eligible for and can access other funding for intensive in-home services or a community-based residential program. This funding program is known as the Community Services Initiative program (formerly the Return Diversion program).
- 5) Contact the local school system to request an Individualized Education Plan (IEP) meeting. Children for whom an RTC is medically necessary may have a right to receive RTC care regardless of the local school system's decision on an educational placement. But if the school system approves a non-public school (or the child already is in such a school), it will make the RTC placement process much easier because most RTCs require children to attend their on-ground schools. However, these non-public school placements are the most restrictive special education settings, and the Individuals with Disabilities Education Act protects a child's right to receive education in the most integrated, least restrictive environment appropriate to his or her needs.
- 6) Contact admissions directors at the particular Maryland RTC(s) that professionals have recommended for the child. The family will need help by the CSA, a case manager, or another mental health professional in assembling a packet of information about the child to send to each RTC.

What if a child has private insurance in addition to Medical Assistance?

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 are the Core Service Agencies and when should I contact them?

The Core Service Agencies, referred to as CSAs, are the Mental Hygiene Administration’s local or regional mental health agencies in Maryland. The Core Service Agencies are responsible for locating providers, developing the provider base, and facilitating the delivery of services. Families should contact their Core Service Agency 1) for help in finding a provider, 2) to make a complaint against a provider, 3) for help if there are delays in accessing a service and 4) for assistance with transportation. Obtain the name and phone number of the Child and Adolescent Coordinator of your county’s Core Service Agency from the attached list.

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

The Medical Assistance Program through ValueOptions is responsible for arranging corrective treatment through referral to appropriate and qualified individuals or agencies that are willing and able to provide the requested service. The family and the professional requesting approval for services is **not** required to locate, arrange or provide the services. It is the responsibility of ValueOptions and/or the Core Service Agency (when contacted) to refer a family to a provider agency. However, parents have a right to request the Medicaid provider of their choice if the provider is willing and able to serve the child. The referring professional may also request a provider agency by name.

Is there a legal timeframe for approving and providing services under EPSDT?

Yes. Under federal law, Medical Assistance services must be approved and provided (or denied) with “reasonable promptness.” Maryland's regulations for the Public Mental Health System require ValueOptions to approve or deny a request for services within 24 hours unless there is (1) an emergency (in which case services must be approved or denied within one hour) or (2) there is a clinical basis for an extension. The regulations also require services to be provided within ten business days after approval, unless the need is urgent or there is a clinical rationale for an extension of no more than 30 days. Families frequently report that these timelines are not met, but the timelines will apply if an administrative appeal is filed when services are delayed.

If ValueOptions fails to promptly approve or deny a request for services, or approves the services but there is a delay in receiving them, MDLC recommends that the family or professional contact ValueOptions, the Core Service Agency and the Department of Health and Mental Hygiene in writing to report the delay and request their help. Please see the attached sample follow-up letter for Therapeutic Behavioral Services that could be adapted for other services. The family may also seek the help of a case manager (see section above).

What should I do if a child receives mental health services but needs a service more frequently?

Children have a right to receive any mental health service as frequently as medically necessary based on the opinion of the professional treating the child. But many times, professionals who make referrals are not specific about service frequency, or the professional or provider delivering a service cannot provide it more frequently. For example, some outpatient mental health centers may only offer outpatient therapy every two weeks and a child may need therapy more frequently. Call MDLC to discuss your particular problem because the solution will depend on the specific facts.

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

If ValueOptions denies approval of any service or there is a delay in getting the service for any reason, 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 for information, advice, or legal help. MDLC's services are free.

In some cases, MDLC may be able to provide legal representation. In other cases, we may refer individuals to other attorneys who can represent them. MDLC has 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.

Families (or providers or other representatives on behalf of families) can choose to appeal a denial through the ValueOptions internal appeals process or by requesting a Medicaid Fair Hearing, which is an administrative hearing to resolve the problem. Families can pursue both options at the same time. At each level of the internal appeals process, the family has ten business days from receiving a denial letter to start an appeal through ValueOptions and then to the CSA. At Level I and Level II of the process, ValueOptions should make a written decision regarding an appeal within 24 hours, and at Level III, the Core Service Agency or Mental Hygiene Administration should make a written decision within 10 business days. At each level of the internal appeals process, the family also is given 45 days to appeal any denial by requesting a Medicaid Fair Hearing. A decision must be rendered within 90 days from the date the Medicaid Fair Hearing appeal is requested.

We recommend that families or others helping them obtain mental health services contact MDLC with questions or to request free legal assistance.

**Maryland Disability Law Center
September 2009**

Sample Service Request

This document may be used as a guide for development of a request for services for a specific person. Please be sure to use details, behaviors and symptoms that are specific to each case. For each service, it is recommended that you use the Provider Manual (available at: http://maryland.valueoptions.com/provider/prv_man.htm) to help establish medical necessity for each specific service. This document is available on MDLC's website at www.mdclaw.org, under "publications."

To facilitate the referral process, please fax the written referral to Jennifer Lowther at 1-877-502-1044, keep a copy of your fax confirmation, and mail it to the address below.

Date

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

Re: Name: -----
D.O.B.-----
Medical Assistance No: -----

Dear Ms. Lowther:

I am writing to request preauthorization for services under Medical Assistance for -----, a ----- year-old ----- with diagnoses of -----, -----, and -----, who requires intensive supports and services designed to address (**his/her**) needs.

----- has been admitted for in-patient treatment at ---*hospital/facility*---- ---(#)-- times within the past ----- **days/months**. **S/he** was hospitalized from -----to----- and was rehospitalized on -----.
(Provide a summary of recent treatment here including locations, dates, and duration).

Insert detailed description of recent escalation in behaviors and presenting issues at this time.

-----'s most recent in-patient admission, on -----, was precipitated by ----- **S/he** is said to have ----- reports that **s/he** has been ----- **S/he** has a significant history of ----- behaviors.

Diagnosis:

Axis I: -----

Axis II: -----

Axis III: -----

Axis IV: -----

Axis V: Current GAF: ---

The treatment team requests that the following medically necessary services be put into place:

1. To address needed behavioral changes, we request that ValueOptions approve services and identify a provider who is a behavioral specialist to provide ----- with behavioral assessment and develop a behavior modification plan that can be implemented by a one-on-one aide in the home as set forth in paragraph 2.

These services are medically necessary because ----- is exhibiting maladaptive behaviors which include ----- These behaviors interfere with **his/her** ability to interact effectively with peers and family

and cause imminent risk of harm to self or others. An individualized behavior plan is necessary to reduce maladaptive behaviors and increase functional behaviors and skills.

The goals of the services are:

- To conduct a comprehensive behavioral assessment.
- To develop, implement and evaluate a behavior modification plan to increase the frequency of adaptive behaviors such as ----- and decrease maladaptive behaviors such as -----.
- To provide consultation and supervision to other mental health professionals including a one-on-one home behavioral aide whose primary function is to implement the plan.

2. Until target symptoms are ameliorated, we request that ValueOptions approve services and identify a provider who is able to provide a one-to-one therapeutic behavioral aide to provide ----- with intensive in-home support services Monday through Friday for ---- hours per day and Saturday and Sundays for ---- hours per day. The behavioral aide must have expertise in working with children who are dually diagnosed with psychiatric and developmental disabilities. One of the purposes of this aide is to implement a behavior modification plan that has been developed through services from the behavioral specialist indicated in item 1.

These services are medically necessary because ----- demonstrates the following behaviors: -----
----- *(examples of behaviors to include are: frequent suicidal and self-harming or aggressive behaviors, an inability to interact effectively with peers and family, difficulty managing activities of daily living, difficulty attending school, is at risk of further hospitalization or RTC placement, is at risk during the transition from an RTC or hospital setting to a home or community setting and her family wishes for ----- to maintain safety in their home)*. Additionally, this service will be medically necessary to ensure that the behavior plan developed through the service requested in item 1 is implemented in a manner which is clinically beneficial to -----.

_____ has not always exhibited these behaviors.

(List each behavior separately) _____ list first behavior here _____ began on approximately _____ as the result of _____ (if known). The management of this behavior is necessary to restore _____ to his/her best possible functional level. In the past, when functioning at his/her best functional with regard to this particular behavior, _____ did not display this problem behavior. Instead, _____ was able to _____.

(List each behavior separately) _____ list second behavior here _____ began on approximately _____ as the result of _____ (if known). The management of this behavior is necessary to restore _____ to his/her best possible functional level. In the past, when functioning at his/her best functional with regard to this particular behavior, _____ did not display this problem behavior. Instead, _____ was able to _____.

Repeat as necessary.”

The goals of the services are:

Examples of possible goals include

-To provide intensive daily assessment and differential diagnosis of maladaptive behaviors and identification of effective supports and interventions to reduce them.

-To prevent suicidal behavior.

-To reduce self-harming or aggressive behaviors and teach ----- alternative skills such as the ability to express her emotional state, alternative stress reduction strategies and self-calming skills.

-To teach ----- communication and assertiveness skills.

-To provide support to assist ----- in creating behavior patterns and self-motivating skills to rise and prepare for her day each morning.

-To provide crisis prevention services as necessary

3. We request that ValueOptions approve services and identify a provider who is able to provide ----- with Mobile Treatment services.

These services are medically necessary because ----- is at risk of needing a higher, more restrictive level of care; demonstrates frequent suicidal and self-harming behaviors and **his/her** family wishes ----- to maintain safety in their home.

The goals of these services are:

Examples of goals include

-To provide ongoing assessment of -----'s need for mental health treatment and the nature and intensity of the treatment that is needed.

-To provide mobile outpatient planning and services to ameliorate psychiatric symptoms.

4. We request that ValueOptions approve services and identify a provider who is able to provide ----- ---with Mental Health Targeted Case Management services.

These services are medically necessary because she has demonstrated functional impairments that interfere with **his/her** functioning in family and community activities; **s/he** is at risk of needing a higher, more restrictive level of care and has had ---- hospitalizations within the past ----- days/months.

The goals of these services are:

-Ongoing assessment of -----'s need for mental health services.

-To assist ----- and **his/her** family with ongoing linkage to medically necessary mental health services and other support services necessary for treatment of symptoms and ongoing support.

-To provide ----- and **his/her** family with access to crisis intervention services as necessary.

----- is scheduled for discharge (***OR was discharged***) to **his/her** home on ----- . There is a urgent need for these services to be put in place by ----- (***OR there is an urgent need for these services to be put in place immediately***).

We request written approval or denial of this request for the above services under Medical Assistance, and written notification if you are unable to secure a provider for any or all of these services. Also, please send a copy of any notice to -----'s parent, -----***parent's name and address***----- . Please contact me if you need any further information. In the event you are unable to reach me, please contact the parent directly at -----***parent's phone number***-----.

Sincerely,

-----, MD.

Title

AND/OR

-----, _____. (***Specify license such as Ph.D., LCSW, R.N., Professional Counselor or any other license by a professional of the healing arts.***)

**Maryland Disability Law Center
September 2009**

Sample Follow Up Letter

This document may be used as a guide for the development of a follow up letter to request assistance with establishing services for a specific child when the services have not been delivered. This document is available to download in Microsoft Word format and edit at www.mdclaw.org under “publications.”

Date

Ms. Brenda Rose
Acute Care Administration, Office of Health Services
Department of Health and Mental Hygiene
201 W. Preston St., Suite 200
Baltimore, MD 21201

Dr. Brian Hepburn
Mental Hygiene Administration
Spring Grove Hospital Center
55 Wade Avenue
Dix Building
Catonsville, Maryland 21228

Mr. Michael Chapman
Developmental Disabilities Administration
201 W. Preston St., 4th Floor
Baltimore, MD 21201

Name of Child and Adolescent Coordinator from your local Core Service Agency (Obtain the name and address from the attached list.)

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

Re: Name: -----
D.O.B: -----
Medical Assistance No: -----

Dear Ms. Rose, Dr. Hepburn, Mr. Chapman, (***Child & Adolescent Coordinator from your local Core Service Agency***), and Ms. Lowther:

I am ----- (***name***)-----’s (***parent / therapist / social worker / psychiatrist***) and I am writing to request your assistance with scheduling EPSDT one-to-one therapeutic behavioral services (TBS) for him/her. On ----(***date***)----, ----(***provider***)---- made the enclosed referral to ValueOptions for my (***child / patient***) to receive TBS services for ----(***#***)---- hours per week.

(Child's Name) - Follow up letter

Page 2

It has now been ----- (#) ----- weeks since the original request for TBS, but services still have not been delivered.

---- (*Name*) ----- needs the therapeutic behavioral services urgently. Please respond to me regarding this request for scheduling assistance.

Sincerely,

(Signature, and if applicable, specify license such as Ph.D., LCSW, R.N., Professional Counselor or any other license by a professional of the healing arts.)

enclosure

**Maryland Disability Law Center
September 2009**

**Mental Hygiene Administration – Core Service Agencies
Child and Adolescent Coordinators**

Allegany County

Laura Miller
Allegany Co. Mental Health System's
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Cumberland, Maryland 21501-1745
Phone: 301-759-5070 Fax: 301-777-5621

Anne Arundel County

Frank Pecukonis
Anne Arundel County Mental Health
Agency
P.O. Box 6675, MS 3230
1 Truman Pky, Ste 101
Annapolis, Maryland 21401
Phone: 410-222-7858 Fax: 410-222-7881

Baltimore City

David Jones
Baltimore Mental Health Systems, Inc.
201 East Baltimore Street, Suite 1340
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Phone: 410-837-2647 Fax: 410-837-2672

Baltimore County

Ari Blum
Baltimore County Department of Health
6401 York Road, Third Floor
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Phone: 410-887-2731 Fax: 410-887-4859

Calvert County

Christy Rupert
Calvert County Core Service Agency
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Carroll County

Dawn Brown
Carroll County Core Service Agency
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Westminster, Maryland 21158-0460
Phone: 410-876-4440 Fax: 410-876-4929

Cecil County

Gwen Parrack
Cecil County Core Service Agency
401 Bow Street
Elkton, Maryland 21921
Phone: 410-996-5112 Fax: 410-996-5134

Charles County

Candice Nelson
Charles County Human Services
Partnership
P.O. Box 2150, 6 Garrett Avenue
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Frederick County

Robert Pitcher
Mental Health Management Agency of
Frederick County
22 South Market Street, Suite 8
Frederick, Maryland 21701
Phone: 301-682-6017 Fax: 301-682-6019

Garrett County

Fred Polce
Garrett County Core Service Agency
1025 Memorial Drive
Oakland, Maryland 21550-1943
Phone: 301-334-7440 Fax: 301-334-7441

Harford County

Jennifer Cozad
Office on Mental Health
206 South Hays Street, Suite 201
Bel Air, Maryland 21014
Phone: 410-803-8726 Fax: 410-803-8732

Howard County

Kenyatta Cully
Howard County Mental Health Authority
9151 Rumsey Road
Suite 150
Columbia, Maryland 21045
Phone: 410-313-7350 Fax: 410-313-7374

**Mid-Shore Counties (Caroline,
Dorchester, Kent, Queen Anne's,
Talbot)**

Marian Sinclair
Mid-Shore Mental Health Systems, Inc.
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