

Accessing Mental Health Services and Therapeutic Behavioral Services for Children in Maryland through the Medical Assistance/Medicaid EPSDT Benefit

What is EPSDT?

EPSDT stands for Early & Periodic Screening, Diagnosis & Treatment. Federal law requires the state to provide screening, diagnosis and all “medically necessary” treatment services, including mental health services, to all Medicaid recipients under 21. EPSDT is a way to obtain the individualized wrap-around treatment and support services necessary to enable children to remain at home and in their community, or to return there after a hospitalization or other out-of-home placement.

Who is eligible for services under EPSDT?

All children in Maryland under 21 years of age receiving Medical Assistance benefits or Maryland Children’s Health Program 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 physician, 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 intervention
- Individual therapy
- Group therapy
- Case management
- Wrap-around mental health services
- Therapeutic behavioral services

- Psychiatric rehabilitation
- Substance abuse services
- Inpatient hospitalization and residential treatment centers
- Partial hospitalization, such as psychiatric day treatment
- Mobile treatment and crisis intervention services (including residential crisis services)
- Transportation assistance for the child and parents to any service where necessary
- Any other mental health service recommended by a physician or other licensed “practitioner of the healing arts,” within the scope of his or her practice under State law.

All services must be provided in the least restrictive setting deemed most beneficial to the child, with preference for the child’s “natural environment,” such as home or school.

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

Room and board (for example, a group home or foster home) are not covered services under Medical Assistance. Respite care is also not a covered service because its purpose is to assist the family, not to improve the child's medical condition.

What are EPSDT Therapeutic Behavioral Services (TBS)?

Therapeutic Behavioral Services are individualized rehabilitative services for a child with a mental illness diagnosis, or a developmental disability with maladaptive behaviors. The service includes an initial assessment, the development of a behavior plan, and an ongoing individual one-to-one aide in the home or community. TBS aides are trained in the principles of behavior management and appropriate methods of preventing or decreasing maladaptive behaviors. These services are designed to support children who are at risk for a higher level of care without the intervention.

How can TBS help children who would otherwise need a higher level of care?

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 the mental health provider decides is 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 their mental health providers request. When writing a service request, a professional should specify the number of hours per week needed.

When is TBS not available?

- TBS cannot be used to provide respite care or child care during a parent’s working hours.
- A child may receive both TBS and Psychiatric Rehabilitation Program (PRP) Services on the same day; however, TBS and PRP Services cannot occur at the same time.

- During hospitalization, a residential treatment center stay, a group home stay (if one-to-one staffing is compensated), or any other outpatient or residential program that already includes compensation for TBS, a child may not receive TBS as a separate service.
- TBS cannot be used to provide personal care services to meet personal health care needs (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, contact MDLC.
- Medicaid rules prohibit reimbursement for any EPSDT service, including TBS, to a member of the child’s family or caregiver(s) who ordinarily resides in the same residence. However, other family members and individuals known to the family can become a TBS aide.

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

Maryland's Public Mental Health System requires that all mental health services be authorized through Maryland Health Partners. To secure services for a child with a mental illness diagnosis, contact Maryland Health Partners by telephone (1-800-888-1965). You may also contact Maryland Health Partners for children with a developmental disability who do not have a mental illness diagnosis if they need therapeutic behavioral services, a psychiatric assessment, or medication monitoring. Access to Maryland Health Partners is available 24 hours per day.

Professionals: Telephone Maryland Health Partners with the specific services requested, including the frequency or number of hours per day/week (if applicable) and the anticipated duration of service needs. It is also recommended that the referral be confirmed in writing, be signed by a licensed professional and that it document all the specifics of the service request and that it is “medically necessary.” Although the referring professional need not be a Medical Assistance provider, the professional providing the service must be a Medical Assistance provider. A sample service request is available in Microsoft Word format in the “Publications” section of MDLC’s website: www.mdpcbaltimore.org and is attached to this document.

All mental health professionals providing referrals, assessments or services should review Maryland's Public Mental Health System Provider Manual for further details. It is available upon request from the Mental Hygiene Administration, Maryland Health Partners, or on-line at www.mdhp.com/prov_man.htm.

Families: Although families may choose to call Maryland Health Partners themselves we recommend (if possible) that they obtain the assistance of a mental health professional to make the referral for services. Be sure to provide the professional with this document for assistance in the referral process.

What information should the mental health professional provide in writing to Maryland Health Partners?

- 1) Whatever information Maryland Health Partners requests, including identifying demographic information, medical assistance number, diagnoses, current need for services, precipitating events or contributing factors or behaviors, treatment history (including hospitalizations and out-of-home placements and referrals), substance abuse history, and risk assessment.
- 2) The names of each specific service requested, the service frequency or number of hours per day/week, if applicable, and the anticipated duration.

3) The identified reason for service request, anticipated therapeutic benefits, and treatment goals or objectives.

A sample service request that you can use as a guide when writing a recommendation is available in Microsoft Word format at the “Publications” section of MDLC’s website: www.mdlcbalto.org and is also attached to this document.

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

The Medical Assistance Program through Maryland Health Partners 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 individual or agency requesting authorization for services is **not** required to locate, arrange or provide the services. The referring professional or the family may request a provider agency by name or Maryland Health Partners, and/or the Core Service Agency will refer a family to a provider agency. The Core Service Agencies also are responsible for locating providers, developing the provider base, and facilitating the delivery and arranging of services. Obtain the name and contact information of the Child and Adolescent Coordinator of your county’s Core Service Agency by e-mailing macsa@mhma.net or by calling 301-682-9754.

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

Yes. Under federal law, Medical Assistance services must be approved and provided with “reasonable promptness.” Maryland’s regulations for the Public Mental Health System require Maryland Health Partners 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, and while a lack of compliance with these timeframes exists, they are a helpful frame of reference if an administrative appeal is filed.

What should be done if the requested mental health services or TBS are denied or are not provided?

Contact Lucy Shum at MDLC by calling 410-727-6352 x240 or 1-800-233-7201 x240, or by sending an e-mail to Lucy Shum at lucys@mdlcbalto.org

- If the services are approved but there is a delay, contact Maryland Health Partners, the Core Service Agency and the Department of Health and Mental Hygiene and put in writing your complaint about the delay and your request for help. Please see the attached sample follow-up letter for TBS that could be adapted for other services.
- When mental health services other than TBS are denied, delayed, or not provided, MDLC can offer advice and technical assistance regarding the right to an administrative appeal, and a referral to a private attorney or possibly to a pro bono attorney.
- When TBS are denied, delayed, or not provided, MDLC can investigate and may offer representation in the administrative appeals process.

Maryland Disability Law Center
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