



STATE OF MARYLAND

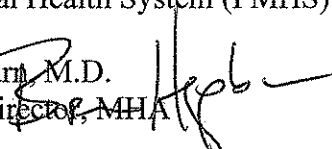
DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Brian M. Hepburn, M.D., Executive Director

MEMORANDUM

TO: Public Mental Health System (PMHS) Providers

FROM: Brian Hepburn, M.D.
Executive Director, MHA 

RE: FY 10 Budget Cuts

Date: October 29, 2009

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MHA has had to make significant reductions in its budget resulting in closure of hospitals, downsizing units in other hospitals, cutting Core Service Agency contracts, and eliminating some services for individuals who are uninsured. Once again, we are making further reductions due to additional budget cuts. This latest round of budget cuts has required MHA, with ValueOptions, to review and analyze the array of public mental health system services available to assure that services provided meet medical necessity criteria and are provided according to State and federal regulations. **These changes will be implemented November 15, 2009.**

As a result of this review, MHA will focus on services that appear to be provided outside of national averages and services that are more restrictive. The services described below are those services that MHA is directing ValueOptions to review and manage more closely. In addition, further changes to uninsured eligibility are described.

I. Medical Necessity Criteria (MNC) Review

A. Therapeutic Behavioral Services (TBS)

This program is to be a short term intensive in-home service for children and adolescents under 21 years of age. It is designed to help parents/care-givers develop and implement developmentally appropriate strategies to reduce maladaptive behaviors. It is not meant as a maintenance long term service for children and families.

For children who meet Medical Necessity Criteria, the standard expectation for duration of this service is two months. It is expected that child is engaged with individual therapy together with family therapy on an outpatient basis.

ValueOptions will authorize services to allow for up to 8 weeks of in home training when the parents and children are both present. ValueOptions may request documentation showing child and parent participation in sessions. It is recommended that this service be delivered at 20 hours/week for the first 4 weeks and then transition to 10 hours/week for the second 4 weeks. However, it will be up to the provider, in consultation with the child's primary treating psychiatrist and therapist to determine the most effective use of the 120 allowed hours. Concurrent requests after 8 weeks of TBS will only be authorized in emergency situations or for those children who continue to meet medical necessity criteria and are validated by the child's treating psychiatrist. Treatment planning for these children to transition into other levels of care should be part of the 60 day program and documented in the child's outpatient treatment plan.

B. Intensive Outpatient (IOP)

This service of intensive outpatient treatment involving three hours of treatment/day, 2-3 times/week by a multidisciplinary team is intended as a crisis intervention to help individuals with a mental illness and in need who present at risk for hospitalization or as a brief transition for patients coming out of the hospital. For those meeting Medical Necessity Criteria, the standard expectation for duration of this service is three weeks.

ValueOptions will authorize 10 units (1unit=3hrs/day) of service for up to a three week period. It is recommended that services be given 4 days/week one, then 3days/weeks two and three. If the individual improves sufficiently so that they are no longer at serious risk of hospitalization before the three week span is up, it is the expectation that the individual will be transitioned to a lower level of care. This information will be documented in the individual's treatment plan.

C. Residential Treatment Centers (RTC) for Child and Adolescent

This service is a residential inpatient service that is intensive and includes extensive evaluation and treatment of children and adolescents with severe emotional disorders who require a self-contained, educational and therapeutic program. It is not intended as long term housing once a child/adolescent has sufficiently stabilized. Plans for re-unification with the family when appropriate or for other less restrictive residential options should be initiated at the beginning of the treatment process. For those who meet Medical Necessity Criteria for RTC, the standard expectation for duration of this service is up to six months. ValueOptions will authorize services for two month spans with the expectation that specific treatment goals and active discharge plans are being presented for review after the initial 60 days. Children must show progress toward treatment goals. Active family treatment and discharge planning must be documented. It is recommended that the final two months, if needed, be focused on transition to ongoing treatment in the community and appropriate, safe housing and if indicated, barriers to transition to a less restrictive level of care. This information is to be reflected in the treatment plan.

II. Changes to Uninsured Eligibility:

MHA is reducing state funds for eligibility and services for individuals who are uninsured and limited the benefit to those most in need. These changes are in addition to previous budget

reductions for uninsured that eliminated partial hospitalization program services and intensive outpatient services.

A. Uninsured Eligibility Spans will be limited for six months.

B. Individuals must meet financial need criteria of no more than 200% of federal poverty level.

Providers shall maintain appropriate documentation in the individual record to validate the individual meets the uninsured criteria and have applied for all applicable benefits.

CSAs may grant exceptions (excluding mandatory criteria for PMHS diagnosis and Maryland residency) to the uninsured criteria only when there is an urgent need for the service and the individual is at risk for a higher level of care (hospital, residential treatment).

These are difficult times and we aware that these changes may affect some providers more than others. MHA's goal is to maintain access to outpatient and rehabilitation services for individuals who have a mental illness in order to prevent higher levels of care.

CC: MHA Management Committee
MHA Facility Directors
CSA Directors