

**1915(i) Intensive Behavioral Health Services for
Children, Youth, and Families**

Family Peer Support Services

COMAR 10.09.89.10

Provider Application Packet
1915(i) Intensive Behavioral Health Services
for Children, Youth, and Families

To: 1915(i) Program Applicants
From: Maryland Department of Health and Mental Hygiene
Re: New Service Request- 1915(i) Intensive Behavioral Health Services for Children, Youth,
& Families

Enclosed is an application packet for provider enrollment under the Department's 1915(i) Intensive Behavioral Health Service for Children, Youth, and Families, pursuant to COMAR 10.09.89. Provider applicants must submit a separate application for each service type they wish to provide.

Included in this packet are:

1. Application Instructions
2. Application Checklist
3. Application Face Sheet
4. Provider Attestation
5. Program Description
6. Service Specific Requirements
7. IIHS, MCRS & Respite Eligibility Form
8. Jurisdiction Selection Sheet
9. Contact Numbers
10. 1915(i) COMAR 10.09.89 Program Requirements (see COMAR resource link sheet)
11. **All provider's must apply for and receive a NPI number prior to submitting the application to Beacon Health Options (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>)**
12. **Medicaid Application:**
(<https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx>). Make sure you input the NPI number on the Medicaid application before submitting to Beacon.
13. Specialty Code Sheet

Application Instructions

General Instructions

Providers who wish to deliver services under the 1915(i) program must complete a Medicaid provider application and agreement in addition to the supplemental materials specific to the 1915(i) program that are included in this packet. Also, any provider seeking to provide intensive in-home services, such as, IIHS & MCRS, must secure a letter of support and recommendation from each jurisdictional CSA, in which you plan to provide services. Incomplete submissions will delay the review process. The Department or its designee may contact the applicant for clarifying information during the review. The Department will generally complete an application review within 8-10 weeks and will issue approval or denial to the applicant by mail.

All materials should be submitted by mail to Value Options at the address below

Beacon Health Options
Provider Relations
1099 Winterson Rd., Suite #200
Linthicum, MD 21090

Medicaid Provider Application & Agreement

All providers must submit a Medicaid Provider Application and Agreement with original signatures to the address above, NOT the address listed on the Medicaid Application itself. Please list the following on the Medicaid application for 1915(i) providers:

- Provider type: 89
- Specialty code: dependent on service type (See attached specialty code sheet)

Special IIHS, MCRS & Respite Provider Review Criteria

Applicants seeking approval as an IIHS or MCRS provider under the 1915(i) program must submit an IIHS, MCRS & Respite Service Eligibility Determination Form. It must be submitted along with the standard application. An IIHS, MCRS & Respite Service application will not be considered until an eligibility determination review has been completed.

Application Checklist

Before submitting the application to Beacon Health Options, please use the checklist below to ensure that all of the following items are included:

- Applicant Face Sheet
- Provider Attestation (with explanation as applicable)
- Program Description Form
- IHHS, MCRS & Respite Eligibility Form (if applicable)
- Jurisdiction Selection Sheet
- Received NPI number
- Medicaid Provider Application and Agreement
- Letter(s) of support from the Core Service Agency (if applicable)

**1915(i) Intensive Behavioral Health Services for Children, Youth and Families
Application Face Sheet**

Business Name: _____

Trade Name (if applicable): _____

Currently approved under BHA's Community Mental Health Program regulations:

Yes (if yes please identify) No

Address: _____

Tax ID#: _____

Contact Name and Affiliation: _____

Contact Number: _____ **Fax:** _____

Email Address: _____

Location(s) of Proposed Program (if different from above):

Please add extra pages for each site, if needed.

Please check the type of Intensive Behavioral Services for Children, Youth, and Families you are applying for:

Intensive Behavioral Services for Children, Youth and Families	Registration
Family Peer Support Services	10.09.89.10
Respite Services	10.09.89.11
Expressive and Experiential Behavioral Services	10.09.89.12
Mobile Crisis Response Services (MCRS)	10.09.89.13
Intensive In-Home Services (IHS)*See below	10.09.89.14

* Please check type of Intensive In-Home Services:

BBP (FFT) Promising Practice

IHIP-C Non-BBP

Other BBP

All BBP's must submit supporting documentation (see Program Description sheet)

**State of Maryland
Department of Health and Mental Hygiene
Maryland Medical Assistance
Provider Application for Providers of
1915(i) Intensive Behavioral Health Services for Children, Youth, and
Families**

Attestation: Family Peer Support Services

I, _____ (AUTHORIZED AGENCY

REPRESENTATIVE), attest that _____

(NAME OF BUSINESS ORGANIZATION) the agency will:

Initial

Meet the provider requirements for the Family Support Services as
forth in COMAR 10.09.89

Meet the requirements for General Medical Assistance Provider participation
Criteria set forth in COMAR 10.09.36

Comply with the protocol to be used by the applicant in deciding the
appropriateness of employing individuals with criminal histories under
COMAR 10.21.17.14 D

Adhere to COMAR 10.09.89(.08) regarding child abuse and neglect background checks.

Provide proof of professional liability insurance

Comply with training requirements set forth by the DHMH for
provider participation in this program and maintain sufficient staff to assure that
families are well served in their community as determined by both the department
and the local CSA.

Comply with all reporting requirements set forth by the Department for
each program type under COMAR 10.09.36 & 10.09.89

Coordinate services with the designated Care Coordination Organization's (CCO)
in accordance with COMAR 10.09.90

Adhere to the program model as set forth in COMAR 10.09.89.05

By signing this document, I declare and affirm that our organization will meet these requirements and adhere to all attestations contained herein.

Signature of Authorized Agency Representative

Date

Printed Name and Title

Applicant Organization Name

Address of the Provider Site(s) *Use separate sheet for multiple sites.*

Phone:

Fax:

Email:

Program Description

Family Peer Support Services

(COMAR 10.09.89.10)

Please provide the following information:

Provide the organization's mission statement that establishes the purpose of the organization as providing support and education to youth with emotional, behavioral, or mental health challenges and their caregivers

Provide a brief description of the organization's experience providing Family Peer Support Services.

Brief overview on how the organization plans to serve the 1915(i) population under COMAR 10.09.89.10.

Submits copies of the certificate of incorporation and Internal Revenue Service designation, as a private, nonprofit entity designated under §501(c)(3) of the Internal Revenue Service Code

Submit a list of the board of directors, including members who comprised of more than 50 percent of individuals who are:

- (a) Caregivers with a current or previous primary daily responsibility for raising a child or youth with behavioral health challenges,
- (b) Individuals who have experience with State or local services and systems as a consumer who has or had behavioral health challenges

Submits a copy of the organization's personnel policy that sets forth the preferred employment
Employs a staff that is comprised of at least 75 percent of individuals who are:

1. Current or previous caregivers of a child or youth with behavioral health challenges; or
2. Individuals who have experience with State or local services and systems as a consumer who has or had behavioral health challenges;

Submits a list of staff and positions held with identification of those who fit the experienced caregiver and consumer criteria

1915(i) Intensive Behavioral Services for Children, Youth, and Families

Please indicate the Jurisdiction's in which you plan to provide services and type

County	IIHS	MCRS	RESPITE	Expressive Therapy	Family Peer Support
<input type="checkbox"/> Allegany County					
<input type="checkbox"/> Anne Arundel County					
<input type="checkbox"/> Baltimore County					
<input type="checkbox"/> Baltimore City					
<input type="checkbox"/> Calvert County					
<input type="checkbox"/> Caroline County					
<input type="checkbox"/> Carroll County					
<input type="checkbox"/> Cecil County					
<input type="checkbox"/> Charles County					
<input type="checkbox"/> Dorchester County					
<input type="checkbox"/> Frederick County					
<input type="checkbox"/> Garrett County					
<input type="checkbox"/> Harford County					
<input type="checkbox"/> Howard County					
<input type="checkbox"/> Kent County					
<input type="checkbox"/> Montgomery County					
<input type="checkbox"/> Prince George's County					
<input type="checkbox"/> Queen Anne's County					
<input type="checkbox"/> Saint Mary's County					
<input type="checkbox"/> Somerset County					
<input type="checkbox"/> Talbot County					
<input type="checkbox"/> Washington County					
<input type="checkbox"/> Wicomico County					
<input type="checkbox"/> Worcester County					

Resource Page

Listed below are the links to obtain copies of the essential COMAR needed to participate in the 1915(i). You can obtain copies by going to each site.

10.09.36.00. Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 36 General Medical Assistance Provider Participation Criteria Authority: Health-General Article, §2-104(b) 15-103, and 15-105, Annotated Code of Maryland

http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.36.*

10.09.89.00. Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 89 1915(i)-Intensive Behavioral Health Services for Children, Youth, and Families Authority: Health-General Article, §2-104(b) Annotated Code of Maryland

http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.89.*

10.09.90.00. Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 90 Mental Health Case Management: Care Coordination for Children and Youth Authority: Health-General Article, §2-104(b) Annotated Code of Maryland

http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.90.*

**Targeted Case Management &
1915(i) Intensive Behavioral Health Services for Children, Youth and Families
Key Implementation Contacts**

DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH)			
Contact for Medicaid provider enrollment questions, policy and regulatory issues, provider compliance, Medicaid eligibility, reportable events, complaints, quality assurance and oversight			
Behavioral Health Administration (BHA)			
NAME	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
Tom Merrick	Thomas.merrick@maryland.gov	410-402-8305	410-402-8306
Hassan Sabree	Hassan.Sabree@maryland.gov	410-402-8314	410-402-8306
Al Zachik	Albert.zachik@maryland.gov	410-402-8462	410-402-8306

VALUEOPTIONS® MARYLAND (ADMINISTRATIVE SERVICE ORGANIZATION—ASO)			
Contact for questions regarding clinical or financial eligibility, service authorization, utilization, provider enrollment, CASII/CON documentation, enrollment status			
Website: http://maryland.valueoptions.com/			
Contact Name	EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
María Rodowski-Stanco	María.Rodowski-Stanco@beaconhealthoptions.com	410-691-4041	877-502-1044
Harold Paschall	Harold.Paschall@beaconhealthoptions.com	410-691-4043	877-502-1044

LOCAL BEHAVIORAL HEALTH AUTHORITIES (CORE SERVICE AGENCIES - CSA)			
Contact for questions related to local resources, MOU/contracts, TCM procurement, local implementation and quality oversight, CASII and CON documentation requirements or process, customized goods & services, reportable events			
Please visit the MACSA web site for contacts: http://www.marylandbehavioralhealth.org/literature/54205/Complete MACSA Directory			

1915(i) Intensive Behavioral Health Services for Children, Youth, and Families

Specialty Code Sheet

Service Type	Specialty Code
Family Peer Support Services	295
Respite Services	298(Home Community Based) 299(Out-of-Home)
Mobile Crisis Response Services	296
Intensive In-Home Services	300
Expressive and Experiential Behavioral Services	
Art Therapy	301
Dance Therapy	302
Music Therapy	305
Equine	303
Horticultural Therapy	303
Drama Therapy	303

FAMILY PEER SUPPORT

Family Peer Support is delivered on an individualized basis by a Peer Support Partner who will do some or all of the following, depending on the Plan of Care:

- Explain role and function of the Family Support Organization (FSO) to newly enrolled families and create linkages to other peers and supports in the community
- Work with the family to identify and articulate their concerns, needs, and vision for the future of their child
- Ensure family opinions and perspectives are incorporated into Child/Youth Family Team process and Plan of Care through communication with CCO and Team Members
- Attend Child/Youth Family Team meetings with the family to support family decision making and choice of options
- Listen to the family express needs and concerns from peer perspective and offer suggestions for engagement in the Wraparound process
- Provide ongoing emotional support, modeling and mentoring during all phases of the Child/Youth Family Team process
- Help family identify and engage its own natural support system
- Facilitate the family attending peer support groups and other FSO activities throughout POC process
- Work with the family to organize, and prepare for meetings in order to maximize the family's participation in meetings
- Inform the family about options and possible outcomes in selecting services and supports so they are able to make informed decisions for their child and family
- Support the family in meetings at school and other locations in the community and during court hearings
- Empower the family to make choices to achieve desired outcomes for their child or youth, as well as the family
- Through one-to-one training, help the family acquire the skills and knowledge needed to attain greater self-sufficiency and maximum autonomy.
- Assist the family in developing the skills and confidence to independently identify, seek out and access resources that will assist in managing and mitigating the child/youth's behavioral health condition(s), preventing the development of secondary or other chronic conditions, promoting optimal physical and behavioral health, and addressing and encouraging activities related to health and wellness
- Assist in identifying and securing formal and informal resources for the family
- Assist the family in organizing and completing paperwork to secure needed resources
- Educate the family on how to navigate systems of care for their children
- Conduct an assessment related to the need for peer support (including projected frequency and duration) communicate with CCO and other team members

**Intensive Behavioral Health Services for Children Youth and Families
1915(i) State Plan Amendment (SPA) and
New Targeted Case Management for Children and Youth with Emotional
Disorders**

- WHO-** Children, adolescents and their families who are eligible for Medicaid and have an income that is below 150% of the federal poverty line. The young person must meet the RTC level of care or have a recent history of multiple psychiatric hospitalizations to be eligible. A screening tool called the CASII will be piloted in determining eligibility.
- WHAT-** The SPA will provide intensive care coordination through a new Medicaid provider type called a Care Coordination Organization using a wraparound practice approach. Additional levels of this new care coordination program will also be available to any Medicaid eligible child or adolescent and not only those enrolled in the SPA. For children who are enrolled in the SPA, an assortment of specialized services not available to all Medicaid recipients will be offered. These include: respite care, family peer support, intensive in-home services, crisis and stabilization services; expressive and experiential therapies such as art or music or equine assisted therapy, and a unique program of participant directed customized goods and services.
- WHEN-** The SPA was recently approved by CMS with a retroactive October 1, 2014, effective date and must be reapproved by CMS after a five year period has elapsed. Provider enrollment is currently underway and participant enrollment will follow in the months ahead.
- WHERE-** Maryland is required to offer these services statewide within a five year period. Implementation of this program will be incremental based on jurisdictional readiness as determined by the numbers and types of providers that are enrolled and are deemed ready to commence service delivery in a manner that assures the health and safety of participants.